What the Sleep Research Laboratory recorded about DALMANE® sleep...[1]

(flurazepam HCl)

- □ reduced sleep latency
- □ decreased time awake after sleep onset
- □ increased total sleep time

The polygraphic techniques of the sleep research laboratory have objectively documented the value of Dalmane (flurazepam HCl) for patients with difficulty falling asleep or staying asleep.

Hundreds of hours of monitored sleep[1-9] have shown that one 30-mg capsule of Dalmane at bedtime generally induced sleep within 17 minutes, significantly reduced time awake after sleep onset and provided 7 to 8 hours of sleep. Dalmane effectiveness was maintained even over 14 consecutive nights of administration. demonstrating the consistent effectiveness of Dalmane.

Before prescribing Dalmane (flurazepam HCl), please consult Complete Product Information, a summary of which follows:

Indications: Effective in all types of insomnia characterized by difficulty in falling asleep, frequent nocturnal awakenings and/or early morning awakening; in patients with recurring insomnia or poor sleeping habits; and in acute or chronic medical situations requiring restful sleep. Since insomnia is often transient and intermittent, prolonged administration is generally not necessary or recommended.

Contraindications: Known hypersensitivity to flurazepam HCl.

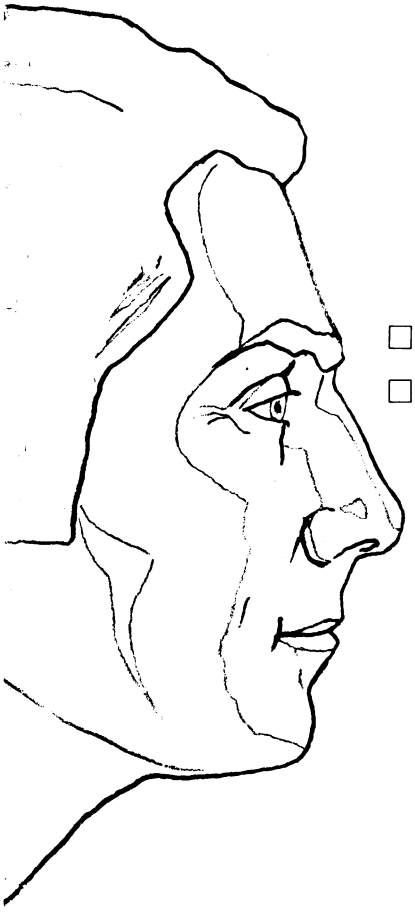
Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. Caution against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving). Use in women who are or may become pregnant only when potential benefits have been weighed against possible hazards. Not recommended for use in persons under 15 years of age. Though physical and psychological dependence have not been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage.

Precautions: In elderly and debilitated, initial dosage should be limited to 15 mg to preclude oversedation, dizziness and/or ataxia. If combined with other drugs having hypnotic or CNS-depressant effects, consider potential additive effects. Employ usual precautions in patients who are severely depressed, or with latent depression or suicidal tendencies. Periodic blood counts and liver and kidney function tests are advised during repeated therapy. Observe usual precautions in presence of impaired renal or hepatic function.

Adverse Reactions: Dizziness, drowsiness, lightheadedness, staggering, ataxia and falling have occurred, particularly in elderly or debilitated patients. Severe sedation, lethargy, disorientation and coma, probably indicative of drug intolerance or overdosage, have been reported. Also reported were headache, heartburn, upset stomach, nausea, vomiting, diarrhea, constipation, GI pain, nervousness, talkativeness, apprehension, irritability, weakness, palpitations, chest pains, body and joint pains and GU complaints. There have also been rare occurrences of sweating, flushes, difficulty in focusing, blurred vision, burning eyes, faintness, hypotension, shortness of breath, pruritus, skin rash, dry mouth, bitter taste, excessive salivation, anorexia, euphoria, depression, slurred speech, confusion, restlessness, hallucinations, and elevated SGOT, SGPT, total and direct bilirubins and alkaline phosphatase. Paradoxical reactions, *e.g.*, excitement, stimulation and hyperactivity, have also been reported in rare instances.

Dosage: Individualize for maximum beneficial effect. *Adults:* 30 mg usual dosage; 15 mg may suffice in some patients. *Elderly or debilitated patients:* 15 mg initially until response is determined.

Supplied: Capsules containing 15 mg or 30 mg flurazepam HCl.



What the patients reported when they awoke[1]

- ☐ more rapid sleep induction
- ☐ increased duration of sleep

The utility of any sleep medication depends, ultimately, on patient acceptance. For this reason, sleep laboratories evaluating Dalmane (flurazepam HCl) have obtained the patients' own estimates of their sleep immediately on awakening in the morning. These subjective evaluations have been in strong agreement with the polygraphic records, confirming polygraphic evidence of Dalmane effectiveness compared to placebo.

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DALMANE®
(flurazepam HCl)

When restful sleep is indicated

One 30-mg capsule *h.s.*—usual adult dosage
(15 mg may suffice in some patients).
One 15-mg capsule *h.s.*—initial dosage for elderly or debilitated patients.

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Albert G. Miller, San Mateo	(1972-1973)	Thomas Elmendorf, Willows
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Eugene F. Hoffman, Sr., Los Angeles	(1972-1973)	Raymond N. F. Killeen, Los Angeles
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Vincent P. Carroll, Laguna Beach	(1972-1973)	Herbert A. Holden, San Leandro
Ralph C. Teall, Sacramento	(1972-1973)	Arthur F. Howard, Fresno
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Harold Kay, Oakland	(1972-1973)	Ralph M. Milliken, Los Angeles
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William F. Quinn, Los Angeles	(1973-1974)	H. Russell Fisher, Glendale
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Homer C. Pheasant, Los Angeles	(1973-1974)	Elmer C. Werner, El Centro
Alfred J. Murrieta, Jr., Los Angeles	(1973-1974)	[3]
Leon P. Fox, San Jose	(1973-1974)	R. Hewlett Lee, Palo Alto
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Robb Smith, Orange Cove	(1973-1974)	James H. Yant, Sacramento
Herman H. Stone, Riverside	(1973-1974)	Marvin J. Shapiro, Encino
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Walter H. Brignoli, St. Helena	(1973-1974)	R. John Rutten,[4] Santa Barbara
Joseph F. Boyle, Los Angeles	(1973-1974)	Jokichi Takamine, Los Angeles

(Delegates and Alternates to the AMA are elected for terms of two calendar years.)

1. Filling unexpired term of Dudley M. Cobb, Jr., (deceased).
2. Filling unexpired term of Frank A. Rogers (see [1] above).
3. Position being filled by District I election—result not available at time of printing.
4. Filling unexpired term of Harold Miles (resigned).

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Director .....J. M. Stubblebine, MD
714 P Street, Sacramento 95814
Berkeley ..... 2151 Berkeley Way 94704
(415) 843-7900
Sacramento ..... 714 P Street 95814
(916) 445-1945
Los Angeles ..... 417 South Hill Street 90013
(213) 620-2900

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Stanford University School of Medicine, Stanford 94305. Dean: Clayton Rich, MD.
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University of California, Los Angeles, School of Medicine, Center for the Health Sciences, Los Angeles 90024. Dean: Sherman M. Mellinkoff, MD.
University of California, San Diego, School of Medicine, La Jolla 92037. Dean: John H. Moxley, III, MD.
University of California, San Francisco, School of Medicine, San Francisco 94122. Dean: Julius R. Krevans, MD.
University of Southern California School of Medicine, 2025 Zonal Avenue, Los Angeles 90033. Dean: Franz K. Bauer, MD.

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Directors: Jean F. Crum, MD, President; Thomas N. Elmendorf, MD; Joseph F. Boyle, MD; Henry V. Eastman, MD; John T. Saidy, MD; C. John Tupper, MD; Howard Hassard.

Roster—CALIFORNIA COMPONENT MEDICAL SOCIETIES

Society secretaries are requested to notify California Medicine promptly when changes are indicated in their roster information

ALAMEDA-CONTRA COSTA Medical Association, 6230 Claremont Ave., Oakland 94618. Meets 2nd Thursday, 8:00 p.m.
William G. Donald ..... President
6230 Claremont Ave., Oakland 94618
Bruce M. Anderson ..... Secretary
6230 Claremont Ave., Oakland 94618

BUTTE-GLENN Medical Society, P.O. Box 1008, 811 East Fifth Ave., Chico 95926. Meets 2nd Tuesday, 8:00 p.m., Society Headquarters.
John Floyd ..... President
2767 Olive Highway, Oroville 95965
Gerald T. Telander ..... Secretary
1702 Esplanade, Chico 95926

FORTY FIRST Medical Society, 3111 Los Feliz Blvd., Suite 202, Los Angeles 90039. Meets on call.
Paul D. Yates ..... President
844 Hermosa Ave., Hermosa Beach 90254
Jordan M. Phillips ..... Secretary
11239 South Lakewood Blvd., Downey 90241

FRESNO County Medical Society, P.O. Box 2108, 3425 North First St., Fresno 93726. Meets 3rd Monday, 6:30 p.m., Society Headquarters.
George F. Whitworth ..... President
3481 East Shields, Fresno 93726
Larry E. Nix ..... Secretary
1475 West Shaw Ave., Fresno 93705

HUMBOLDT-DEL NORTE County Medical Society, P.O. Box 1395, 732 Fifth St., Eureka 95501. Meets Monday before 2nd Thursday, 7:30 p.m., Society Headquarters.
William Davis ..... President
3115 G St., Eureka 95501
Robert Jacobson ..... Secretary
3798 Janes Road, Arcata 95521

IMPERIAL County Medical Society, 200 South Imperial Ave., Imperial 92251. Meets 3rd Tuesday, October through June, locations vary.
Anthony Markarian ..... President
237 North Eighth St., El Centro 92243
Ernest Price ..... Secretary
1266 Pepper Drive, El Centro 92243

INYO-MONO County Medical Society. Meets on call.
Donald Christenson ..... President
P.O. Box 38, Lone Pine 93545
Gordon E. Brown ..... Secretary
512 West Line, Bishop 93514

KERN County Medical Society, 2603 G St., Bakersfield 93301. Meets Monday, 8 days preceding 3rd Tuesday, 6:30 p.m.
Mortimer Iger ..... President
2634 G Street, Bakersfield 93301
David J. Evans ..... Secretary
2828 H. St., Suite G, Bakersfield 93301

KINGS County Medical Society, P.O. Box 1003, Hanford 93230. Meets 2nd Thursday, 7:00 p.m., Imperial Dynasty, Hanford.
Ted B. Newman ..... President
1288 North Irwin St., Hanford 93230
F. T. Buchanan ..... Secretary
1507 North 11th Ave., Hanford 93230

LASSEN-PLUMAS-MODOC-SIERRA County Medical Society. Meets on call.
Willard S. Bross, Jr. ..... President
P.O. Box 1037, Portola 96122
Steven L. Christenson ..... Secretary
P.O. Box I, Quincy 95971

LOS ANGELES County Medical Association, P.O. Box 3465, Terminal Annex 90054, 1925 Wilshire Blvd., Los Angeles 90057. Meets 2nd Wednesday after 1st Monday, 6:30 p.m., Society Headquarters, except July and August.
Edwin E. Wunderlich ..... President
P.O. Box 3465, Terminal Annex, Los Angeles 90054
George S. Buehler ..... Secretary
P.O. Box 3465, Terminal Annex, Los Angeles 90054

MARIN Medical Society, P.O. Box 4344, 4460 Redwood Highway, San Rafael 94903. Meets 4th Thursday, 8:00 p.m., Society Headquarters.
Elmer Weden, Jr. ..... President
750 Las Gallinas, San Rafael 94903
George Caesar ..... Secretary
1321 South Eliseo Dr., Greenbrae 94904

MENDOCINO-LAKE County Medical Society, P.O. Box 73, 527 South State St., Ukiah 95482. Meets 1st Tuesday, 8:00 p.m., Society Headquarters.
C. Ian Nelson ..... President
211 Faull Ave., Ukiah 95482
W. Theodore Hill ..... Secretary
1369 South Dora St., Ukiah 95482

MERCED-MARIPOSA Medical Society, P.O. Box 549, 537½ West 26th St., Merced 95340. Meets 3rd Tuesday, 7:30 p.m., Merced General Hospital.
Donald J. Warren ..... President
645 West Olive, Suite 320, Merced 95340
Thomas F. Way ..... Secretary
528 West 27th St., Merced 95340

MONTEREY County Medical Society, P.O. Box 308, 19045 Portola Dr., Salinas 93901. Meets 3rd Monday, 8:00 p.m., Society Headquarters
Robert C. Farr ..... President
440 East Romie Lane, Salinas 93901
Nello P. Torri ..... Secretary
1010 Cass St., Monterey 93940

NAPA County Medical Society, P.O. Box 2158, 2680-B Jefferson St., Napa 94558. Meets Monday, 8 days prior to 3rd Tuesday, 12:30 p.m., Queen of the Valley Hospital, Napa.
Alvin Lee Block ..... President
3250 Beard Road, Napa 94558
James G. Carson ..... Secretary
3260 Beard Road, Napa 94558

ORANGE County Medical Association, 300 South Flower St., Orange 92668. Meets 4th Thursday, 6:30 p.m.
John F. Farrer ..... President
307 Placentia Ave., Newport Beach 92660
Charles W. Plows ..... Secretary
1834 West Lincoln, Anaheim 92801

PLACER-NEVADA County Medical Society. Meets 1st Monday, 8:00 p.m., 1212 High St., Auburn, except July or August.
Theodore Bacharach ..... President
1407 Lincoln Way, Auburn 95603
Arthur R. Weaver ..... Secretary
1212 High St., Suite 106, Auburn 95603

RIVERSIDE County Medical Association, 4175 Brockton Ave., Riverside 92501. Meets 1st Monday, 7:30 p.m., locations vary.
Richard M. Burns ..... President
4121 Brockton Ave., Suite 2, Riverside 92501
William E. Junkert, Jr. ..... Secretary
6926 Brockton Ave., Suite 6, Riverside 92506

SACRAMENTO County Medical Society, 5380 Elvas Ave., Sacramento 95819. Meets 2nd Monday, 7:30 p.m., Society Headquarters.
Byron H. Demorest ..... President
5301 F St., Sacramento 95819
William Bittner ..... Secretary
6437 Fair Oaks Blvd., Carmichael 95608

SAN BENITO County Medical Society. Meets on call.
Fisk Brooks ..... President
565 Monterey St., Hollister 95023
Joseph L. Kirch ..... Secretary
956 San Benito, Hollister 95023

SAN BERNARDINO County Medical Society, 666 Fairway Dr., San Bernardino 92408. Meets last Monday, 7:30 p.m.
Charles Carmack ..... President
355 East 21st St., San Bernardino 92404
Daniel Gorenberg ..... Secretary
2130 North Arrowhead Ave., San Bernardino 92404

SAN DIEGO COUNTY Medical Society, P.O. Box 3949, 3427 Fourth Ave., San Diego 92103. Meets 1st Tuesday, 6:30 p.m., locations vary.
William T. Adams ..... President
2911 Adams Ave., San Diego 92116
Gordon R. Freeman ..... Secretary
550 Washington St., Suite 221, San Diego 92103

SAN FRANCISCO Medical Society, 250 Masonic Ave., San Francisco 94118. Meets 1st Monday, 8:00 p.m.
Harold H. Lindner ..... President
3633 California St., San Francisco 94118
David W. Allen ..... Secretary
2345 California St., San Francisco 94115

SAN JOAQUIN County Medical Society, P.O. Box 230, 445 West Acacia St., Stockton 95201. Meets 4th Wednesday, 8:00 p.m., Society Headquarters.
Robert N. Evert ..... President
534 East Maple St., Stockton 95204
Dora A. Lee ..... Secretary
420 West Acacia St., Stockton 95203

SAN LUIS OBISPO County Medical Society, P.O. Box 319, San Luis Obispo 93401. Meets 1st Monday, 12:00 noon, Sebastian's Restaurant, San Luis Obispo.
Robert Karger ..... President
1312 Santa Rosa St., San Luis Obispo 93401
Eugene P. Juel ..... Secretary
148 Cast St., San Luis Obispo 93401

SAN MATEO County Medical Society, 3080 La Selva, San Mateo 94403. Meets 2nd Tuesday, 6:30 p.m., Society Headquarters.
Ranulf P. Beames ..... President
36 South El Camino Real, San Mateo 94401
Charles L. Geraci ..... Secretary
1303 San Carlos Ave., San Carlos 94070

SANTA BARBARA County Medical Society, 41 Hitchcock Way, Santa Barbara 93105. Meets 1st Tuesday, 6:30 p.m., Society Headquarters.
John P. Blanchard ..... President
41 Hitchcock Way, Santa Barbara 93105
Henry L. Holderman ..... Secretary
41 Hitchcock Way, Santa Barbara 93105

SANTA CLARA County Medical Society, 700 Empey Way, San Jose 95128. Meets 1st Monday, 6:30 p.m., Society Headquarters.
Hugh W. Elliott ..... President
596 Carroll Street, Sunnyvale 94086
James M. Guernsey ..... Secretary
751 South Bascom Ave., San Jose 95128

SANTA CRUZ County Medical Society, P.O. Box 308, Salinas 93901. Meets 2nd Tuesday, 7:30 p.m., locations vary.
Joseph T. Anzalone ..... President
600 Frederick St., Santa Cruz 95060
Richard H. Anderson ..... Secretary
526 Soquel Ave., Santa Cruz 95060

SHASTA-TRINITY County Medical Society, P.O. Box 959, Redding 96001. Meets last Monday, 8:00 p.m., President's home, Redding.
James G. Campbell ..... President
3330 Churn Creek Road, Redding 96001
John R. Munro ..... Secretary
3330 Churn Creek Road, Redding 96001

SISKIYOU County Medical Society. Meets on call.
John R. Cristy ..... President
703 South A St., Mount Shasta 96067
Johanna E. Lund ..... Secretary
P.O. Box 398, Tulelake 96134

SOLANO County Medical Society, 1520 Tennessee St., Vallejo 94590. Meets 1st Friday, 8:00 a.m., Vallejo General Hospital.
Lawrence H. Wanetick ..... President
1245 Travis Blvd., Fairfield 94533
James E. Brown ..... Secretary
1200 Marin St., Vallejo 94590

SONOMA County Medical Association, 2466 Mendocino Ave., Santa Rosa 95401. Meets 4th Tuesday, locations vary.
Joseph J. LaStovic ..... President
990 Sonoma Ave., Suite 12, Santa Rosa 95404
Gertrude van Steyn ..... Secretary
651 Cherry St., Santa Rosa 95404

STANISLAUS County Medical Society, P.O. Box 1755, 2030 Coffee Road, Suite A-6, Modesto 95350. Meets 3rd Monday, 8:00 p.m., Society Headquarters.
Richard Milligan ..... President
1400 Florida Ave., Suite 106, Modesto 95350
Delmar Tonge ..... Secretary
700 17th St., Suite 204, Modesto 95354

TEHAMA County Medical Society, 1104 Sixth Ave., Corning 96021. Meets on call.
Melvin L. Gumm ..... President
1805 Walnut St., Red Bluff 96080
A. H. Meuser ..... Secretary
320 Solano St., Corning 96021

TULARE County Medical Society, 1640 West Mineral King, Visalia 93277. Meets 3rd Thursday, 7:30 p.m., Society Headquarters.
Donald E. Wahlen ..... President
2822 West Main St., Visalia 93277
Marvin L. Lykins ..... Secretary
620 West Olive St., Porterville 93257

VENTURA County Medical Society, 2977 Loma Vista Road, Ventura 93003. Meets 1st Monday, General Hospital, Ventura.
Charles Reach ..... President
2002 Saviers Road, Oxnard 93030
Dale P. Armstrong ..... Secretary
2929 Loma Vista Road, Ventura 93003

YOLO County Medical Society, 1207 Fairchild Court, Woodland 95695. Meets Wednesday, 6:30 p.m., 1st 6 months, Faculty Club, Davis and last 6 months, Flier's Club, Woodland.
Dean F. Winn, Jr. ..... President
1207 Fairchild Court, Woodland 95695
John R. Beljan ..... Secretary
P.O.Box 3085, El Macero 95618

YUBA-SUTTER-COLUSA County Medical Society, P.O. Box L, Marysville 95901. Meets 2nd Monday before 2nd Tuesday, 8:00 p.m., Rideout Memorial Hospital, Marysville or Fremont Hospital, Yuba City.
Robert N. Wallace ..... President
625 Fourth St., Marysville 95901
Norman K. Noordhoff ..... Secretary
320 G St., Marysville 95901

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Indications: In treatment of moderately severe infections due to penicillin G-sensitive microorganisms sensitive to the low and persistent serum levels common to this particular dosage form. Therapy should be guided by bacteriological studies (including sensitivity tests) and by clinical response.

NOTE: When high sustained serum levels are required use aqueous penicillin G, IM or IV.

The following infection will usually respond to adequate dosages of intramuscular procaine penicillin G.—*N. gonorrhoeae:* acute and chronic (without bacteremia).

FOR DEEP INTRAMUSCULAR INJECTION ONLY.

Contraindications: Previous hypersensitivity reaction to any penicillin.

Warnings: Serious and occasionally fatal hypersensitivity (anaphylactoid) reactions have been reported in patients on penicillin therapy.

Serious anaphylactoid reactions require immediate emergency treatment with epinephrine. Oxygen and intravenous corticosteroids should also be administered as indicated.

Although anaphylaxis is more frequent following parenteral therapy it has occurred in patients on oral penicillins. These reactions are more apt to occur in individuals with a history of sensitivity to multiple allergens.

There have been well documented reports of individuals with a history of penicillin hypersensitivity reactions who have experienced severe hypersensitivity reactions when treated with a cephalosporin. Before therapy with a penicillin, careful inquiry should be made concerning previous hypersensitivity reactions to penicillins, cephalosporins, and other allergens. If an allergic reaction occurs, the drug should be discontinued and the patient treated with the usual agents e.g., pressor amines, antihistamines and corticosteroids.

Precautions: Use cautiously in individuals with histories of significant allergies and/or asthma.

Carefully avoid intravenous or intraarterial use, or injection into or near major peripheral nerves or blood vessels, since such injections may produce neurovascular damage.

A small percentage of patients are sensitive to procaine. If there is a history of sensitivity, make the usual test: Inject intradermally 0.1 cc. of a 1 to 2 percent procaine solution. Development of an erythema, wheal, flare or eruption indicates procaine sensitivity. Sensitivity should be treated by the usual methods, including barbiturates, and procaine penicillin preparations should not be used. Antihistaminics appear beneficial in treatment of procaine reaction.

The use of antibiotics may result in overgrowth of nonsusceptible organisms. Constant observation of the patient is essential. If new infections due to bacteria or fungi appear during therapy, discontinue penicillin and take appropriate measures.

If allergic reaction occurs, withdraw penicillin unless, in the opinion of the physician, the condition being treated is life threatening and amenable only to penicillin therapy.

When treating gonococcal infections with suspected primary or secondary syphilis, perform proper diagnostic procedures, including darkfield examinations. In all cases in which concomitant syphilis is suspected, perform monthly serological tests for at least four months.

Adverse Reactions: (Penicillin has significant index of sensitization) skin rashes, ranging from maculopapular eruptions to exfoliative dermatitis; urticaria; serum sickness-like reactions, including chills, fever, edema, arthralgia and prostration. Severe and often fatal anaphylaxis has been reported. (See "Warnings.")

As with other antisyphilitics, Jarisch-Herxheimer reaction has been reported.

Administration and Dosage: Administer only by *deep intramuscular injection,* in upper outer quadrant of buttock. In infants and small children, midlateral aspect of thigh may be preferable. When doses are repeated, vary injection site. Before injection, aspirate to be sure needle bevel is not in blood vessel. If blood appears, remove needle and inject in another site.

Although some isolates of *Neisseria gonorrhoeae* have decreased susceptibility to penicillin, this resistance is relative, not absolute, and penicillin in large doses remains the drug of choice. Physicians are cautioned not to use less than recommended doses.

Gonorrheal infections (uncomplicated) — Men or Women: 4.8 million units intramuscularly divided into at least two doses and injected at different sites at one visit, together with 1 gram of oral probenecid, preferably given at least 30 minutes prior to injection.

NOTE: Treatment of severe complications of gonorrhea should be individualized using large amounts of short-acting penicillin. Gonorrheal endocarditis should be treated intensively with aqueous penicillin G. Prophylactic or epidemiologic treatment for gonorrhea (male and female) is accomplished with same treatment schedules as for uncomplicated gonorrhea.

Retreatment: The National Center for Disease Control, Venereal Disease Branch, U.S. Dept. H.E.W. recommends:

Test cure procedures at approximately 7-14 days after therapy. In the male, a gram-stained smear is adequate if positive; otherwise, a culture specimen should be obtained from the anterior urethra. In the female, culture specimens should be obtained from both the endocervical and anal canal sites.

Retreatment in males is indicated if urethral discharge persists 3 or more days following initial therapy and smear or culture remains positive. Follow-up treatment consists of 4.8 million units. I.M. divided in 2 injection sites at single visit.

In uncomplicated gonorrhea in the female, retreatment is indicated if follow-up cervical or rectal cultures remain positive for *N. gonorrhoeae.* Follow-up treatment consists of 4.8 million units daily on 2 successive days.

Syphilis: all gonorrhea patients should have a serologic test for syphilis at the time of diagnosis. Patients with gonorrhea who also have syphilis should be given additional treatment appropriate to the stage of syphilis.

Composition: Each TUBEX® disposable syringe 2,400,000 units (4-cc. size) contains procaine penicillin G in a stabilized aqueous suspension with sodium citrate buffer, and as w/v approximately 0.7% lecithin, 0.4% carboxymethylcellulose, 0.4% polyvinylpyrrolidone, 0.01% propylparaben and 0.09% methylparaben. The multiple-dose 10-cc. vial contains per cc. 300,000 units procaine penicillin G in a stabilized aqueous suspension with sodium citrate buffer and approximately 7 mg. lecithin, 2 mg. carboxymethylcellulose, 3 mg. polyvinylpyrrolidone, 0.5 mg. sorbitan monopalmitate, 0.5 mg. polyoxyethylene sorbitan monopalmitate, 0.14 mg. propylparaben and 1.2 mg. methylparaben.

Denise has VD.

Let's keep it from getting around.

Actual new cases of infectious syphilis apparently reached the 100,000 mark during the past year; new cases of gonorrhea, more than 2.5 million. That VD is rampant again is due, in large part, to the multiple contacts of teenagers like Denise.

By administering adequate doses of the recommended types of penicillin, you can usually cure VD in the beginning stages. And destroy another link in the chain of infection.

In Syphilis

Injection

BICILLIN® Long-Acting (sterile benzathine penicillin G suspension) Wyeth

Benzathine penicillin G...a drug of choice recommended by the national Center for Disease Control in all stages of syphilis and in preventive treatment after exposure.

Administration of 2.4 million units (1.2 million in each buttock) of benzathine penicillin G usually • cures most cases of primary, secondary and latent syphilis with negative spinal fluid • helps break chain of infection • minimizes chance of immediate reinfection.

Indications: In treatment of infections due to penicillin G-sensitive microorganisms that are susceptible to the low and very prolonged serum levels common to this particular dosage form. Therapy should be guided by bacteriological studies (including sensitivity tests) and by clinical response.

The following infections will usually respond to adequate dosage of intramuscular benzathine penicillin G.—Venereal infections: Syphilis, yaws, bejel and pinta.

FOR DEEP INTRAMUSCULAR INJECTION ONLY.

Contraindications: Previous hypersensitivity reaction to any penicillin.

Warnings: Serious and occasionally fatal hypersensitivity (anaphylactoid) reactions have been reported. Anaphylaxis is more frequent following parenteral therapy but has occurred with oral penicillins. These reactions are more apt to occur in individuals with history of sensitivity to multiple allergens.

Severe hypersensitivity reactions with cephalosporins have been well documented in patients with history of penicillin hypersensitivity. Before penicillin therapy, carefully inquire into previous hypersensitivity to penicillins, cephalosporins and other allergens. If allergic reaction occurs, discontinue drug and treat with usual agents, e.g., pressor amines, antihistamines and corticosteroids.

Precautions: Use cautiously in individuals with histories of significant allergies and/or asthma.

Carefully avoid intravenous or intraarterial use, or injection into or near major peripheral nerves or blood vessels, since such injection may produce neurovascular damage.

In streptococcal infections, therapy must be sufficient to eliminate the organism; otherwise the sequelae of streptococcal disease may occur. Take cultures following completion of treatment to determine whether streptococci have been eradicated.

Prolonged use of antibiotics may promote overgrowth of nonsusceptible organisms including fungi. Take appropriate measures should superinfection occur.

Adverse Reactions: Hypersensitivity reactions reported are skin eruptions (maculopapular to exfoliative dermatitis), urticaria and other serum sickness reactions, laryngeal edema and anaphylaxis. Fever and eosinophilia may frequently be only reaction observed. Hemolytic anemia, leucopenia, thrombocytopenia, neuropathy and nephropathy are infrequent and usually associated with high doses of parenteral penicillin.

As with other antisyphilitics, Jarisch-Herxheimer reaction has been reported.

Administration and Dosage: Venereal infections—

Syphilis—Primary, secondary and latent—2.4 million units (1 dose).

Late (tertiary and neurosyphilis)—2.4 million units at 7 day intervals for three doses.

Congenital—under 2 years of age, 50,000 units/Kg. body weight; ages 2-12 years, adjust dosage based on adult dosage schedule.

(Shake multiple-dose vial vigorously before withdrawing the desired dose.) Administer by **deep intramuscular injection** in the upper outer quadrant of the buttock. In infants and small children, the midlateral aspect of the thigh may be preferable. When doses are repeated, vary the injection site. Before injecting the dose, aspirate to be sure needle bevel is not in a blood vessel. If blood appears, remove the needle and inject in another site.

Composition: 2,400,000 units in 4-cc. single dose disposable syringe. Each TUBEX disposable syringe also contains in aqueous suspension with sodium citrate buffer, as w/v approximately 0.5% lecithin, 0.4% carboxymethylcellulose, 0.4% polyvinylpyrrolidone, 0.01% propylparaben and 0.09% methylparaben. Units benzathine penicillin G (as active ingredient); 300,000 units per cc.—10-cc. multi-dose vial. Each cc. also contains sodium citrate buffer, approximately 6 mg. lecithin, 3 mg. polyvinylpyrrolidone, 1 mg. carboxymethylcellulose, 0.5 mg. sorbitan monopalmitate, 0.5 mg. polyoxyethylene sorbitan monopalmitate, 0.14 mg. propylparaben and 1.2 mg. methylparaben.

Wyeth Laboratories • Philadelphia, Pa. 19101

Bio-Science Reports

Plasma Testosterone as a Diagnostic Aid in Adult Women

Although controversy still persists as to the clinical value of plasma versus urinary androgen assays, the consensus is that free hormone levels in plasma more closely reflect the physiological effects at the target tissues. As with other hormones, the testosterone level in plasma reflects a result of alterations of both the production rate and the metabolic clearance rate.

The advent of new assay technics has enabled the laboratory to measure with accuracy and specificity the low levels of testosterone found in women and prepubertal children. The competitive protein-binding method we formerly used, published by the Research Staff at Bio-Science[1], was recently superseded by a new radioimmunoassay procedure[2] with significantly greater sensitivity.

The range of plasma testosterone in normal adult females extends from 30 to 95 nanograms/100 ml. (1 ng = .001 microgram). Although there is no evidence of a diurnal variation in women, plasma levels are higher during the ovulatory and luteal phases of the cycle. During pregnancy the concentration increases significantly but has no relationship to the sex of the fetus.

Polycystic Ovary (Stein-Leventhal Syndrome):

Levels were found to be above normal (100-300 ng/100 ml.) in one study[3]. ACTH or glucocorticoid administration resulted in a drop in testosterone levels[4].

Idiopathic Hirsutism:

Plasma testosterone levels in these cases range from 30 to 300 ng/100 ml. Variable effects on the testosterone levels have been reported following ACTH, HCG and FSH administration. Synthetic glucocorticoid or estrogen-progesterone combinations reduce elevated levels to the normal range[3,5].

Virilizing Tumors:

Arrhenoblastomas, dermoids, malignant teratomas and possibly other tumors may secrete testosterone.

Specimen Required:

2 ml. serum or plasma. Specimens are stable without refrigeration or preservative for 7 days.

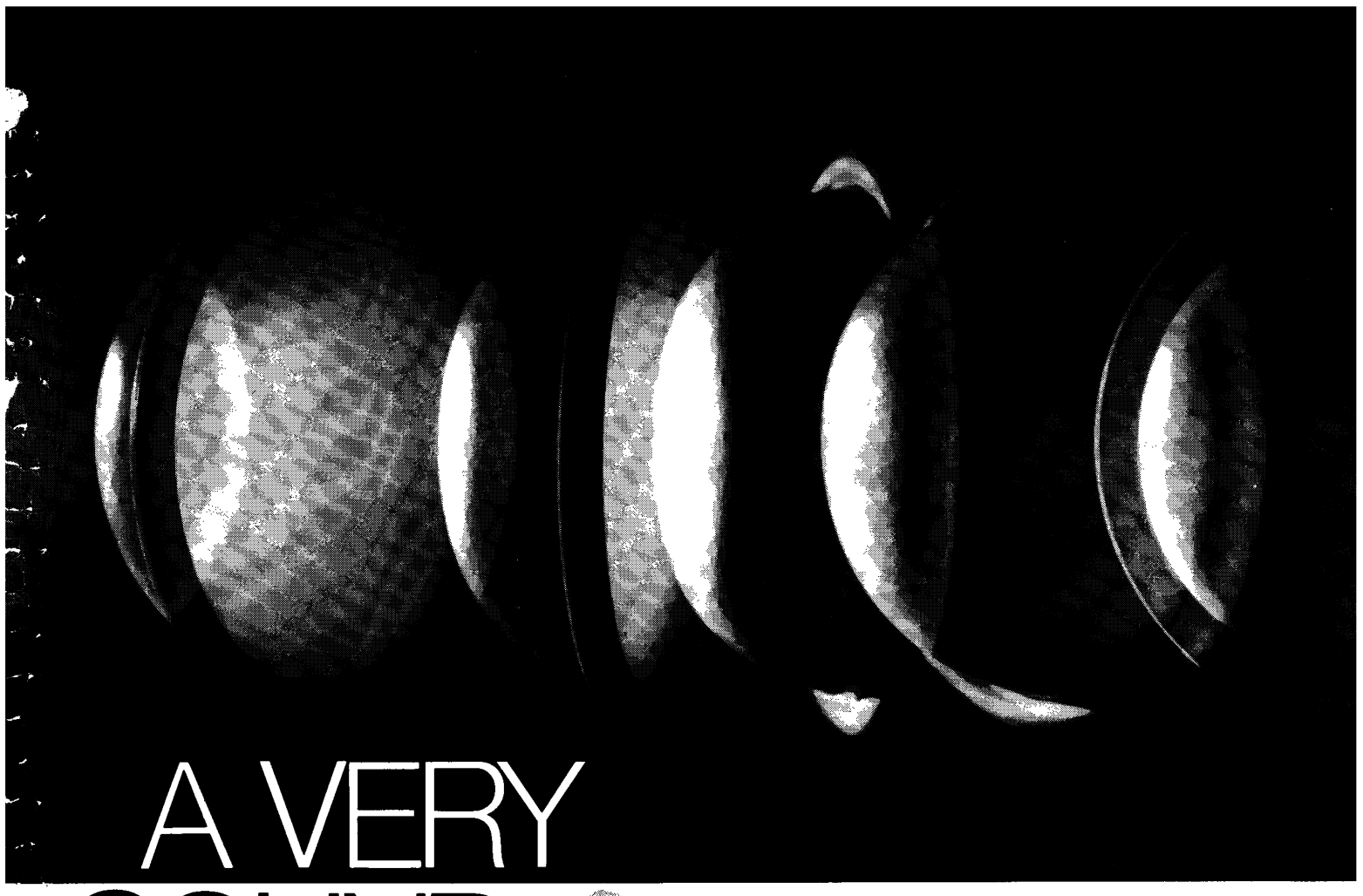
References:

1. Demetriou, J. A. and Austin, F. G., Clin. Chem., *16*:111, 1970
2. Thorneycroft, I. H. and Stone, S. C., Contraception, *5*:129, 1972
3. Bardin, C. W. and Mohoudeau, J. A., Ann. Clin. Res., *2*:251, 1970
4. Horton, R. and Neisler, J., J. Clin. Endocr. and Metab., *28*:479, 1968
5. Casey, J. H. and Nabarro, J. D. N., J. Clin. Endocr. and Metab., *27*:1431, 1967

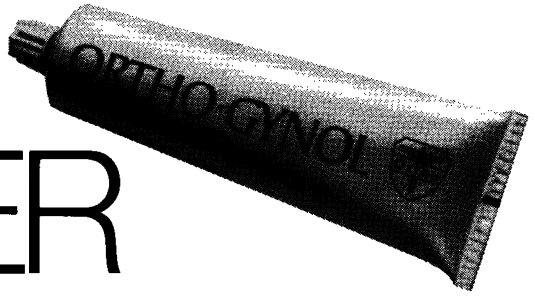
25 YEARS

Main Lab: 7600 Tyrone Ave., Van Nuys, California 91405

Philadelphia Branch: 116 So. Eighteenth St., Philadelphia, Pa. 19103



A VERY SOUND BARRIER



For patients who can't or won't use the "pill" or an IUD

While no contraceptive is one hundred percent effective, the Ortho All-Flex Diaphragm and Ortho-Gynol Contraceptive Jelly, together, act as a very effective barrier to conception and is a method that is rarely contraindicated.

Ortho All-Flex is designed to provide comfort and reliability and to meet the highest esthetic standards of the most discriminating women.

Ortho All-Flex Diaphragms are made of high quality, long-lasting latex. They won't discolor when used with Ortho-Gynol Contraceptive Jelly or Ortho-Creme* since these contain no phenylmercuric acetates. No introducer is needed; the unique spring-within-a-spring construction forms a perfect arc wherever compressed.

Consider the advantages of prescribing the Ortho All-Flex Diaphragm and Ortho-Gynol when you and your patient decide on the diaphragm and jelly method of conception control.

If you would like a professional fitting-ring set and fitting-procedure brochure, please contact your Ortho representative.

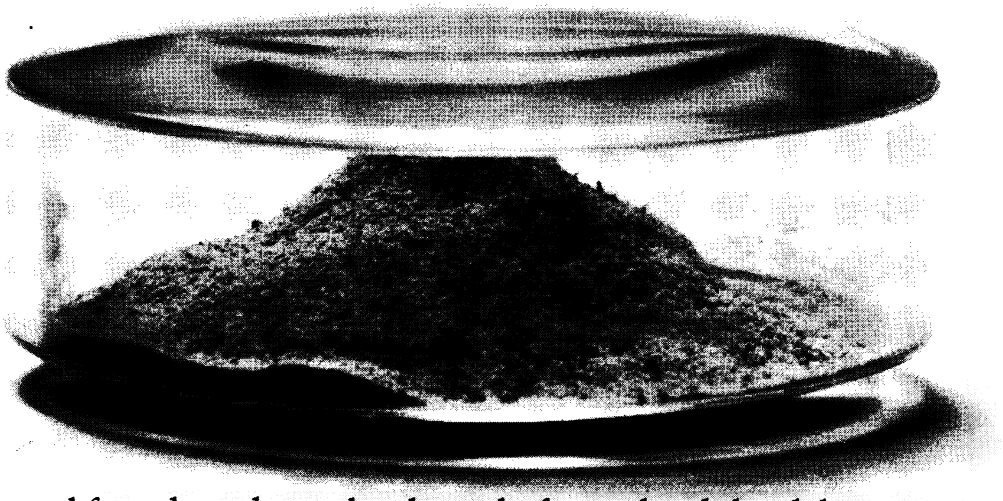
Ortho Pharmaceutical Corporation, Raritan, New Jersey 08869

The Ortho All-Flex* Diaphragm with Ortho-Gynol* Contraceptive Jelly

*Trademark

IN NATURAL THYROID THERAPY:

ARE PATIENTS GETTING THE POTENCY YOU PRESCRIBE?



Unlike U.S.P. desiccated thyroid, Proloid®(thyroglobulin) offers the assurance of constant potency.

To begin with, Proloid is uniquely purified. The thyroglobulin extracted from hog thyroid is devoid of any glandular debris.

Then, Proloid is chemically and biologically assayed to assure consistent metabolic activity from batch to batch. The T_4 and T_3 content of every dose is blended for optimal thyroid replacement.

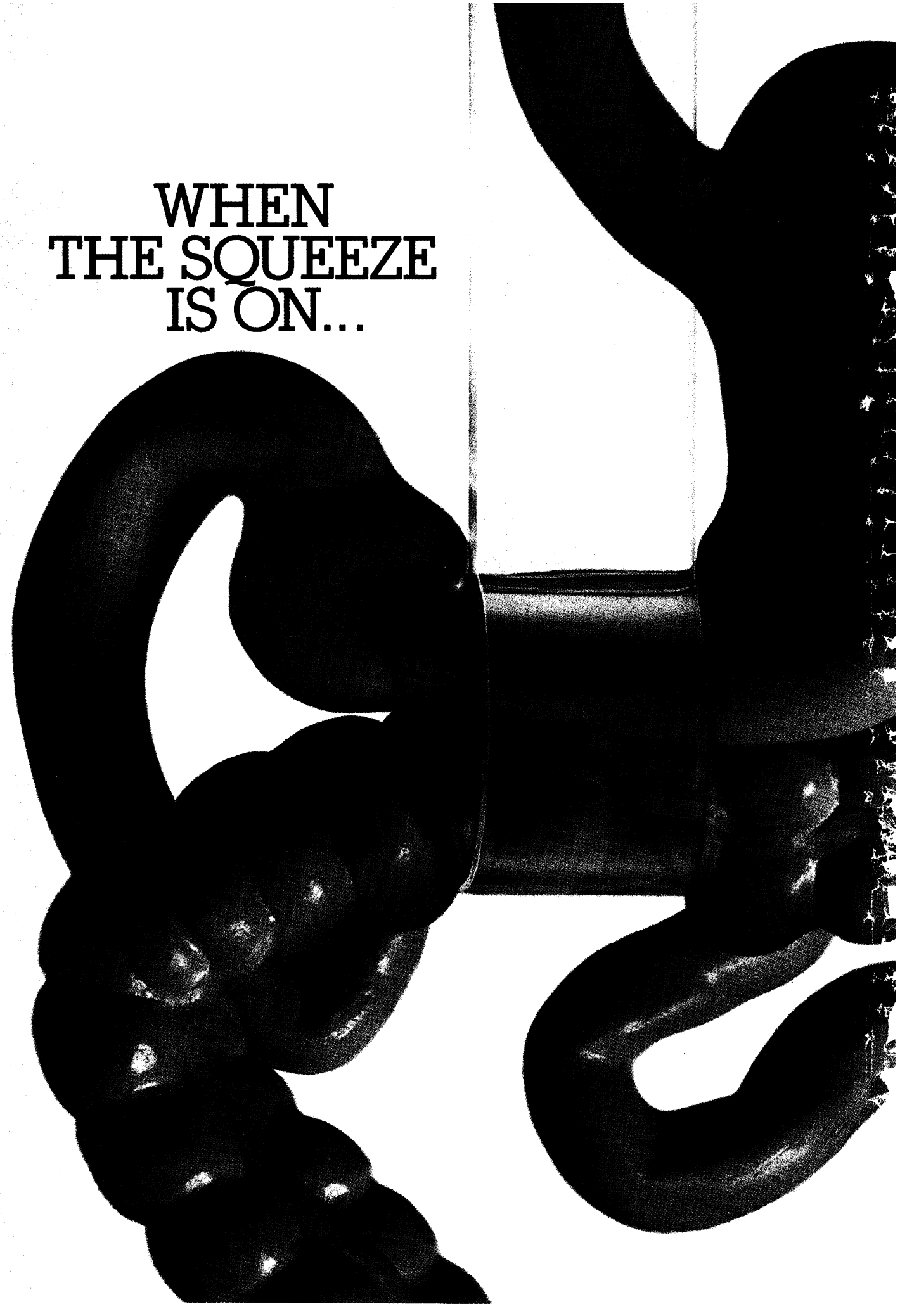
Important, too, is the fact that Proloid is invariably "fresh" when your patients take it. Under proper storage conditions, its potency will not diminish for at least four years.

All of which adds up to this: the potency of Proloid is constant...for more consistent results.

PROLOID®
(thyroglobulin)

natural thyroid therapy that leaves nothing to chance

WHEN THE SQUEEZE IS ON...



KINESED®
RELEASES SPASM

Kinesed® can effectively counteract the spasm, hypermotility or hypersecretion that often occurs in:

gastroenteritis/colitis
peptic ulcer
gastritis/duodenitis
spastic/irritable colon.

Provides belladonna alkaloids for potent antispasmodic and antisecretory action.

Also provides simethicone for accompanying distention and pain due to gas. And phenobarbital—for associated anxiety and tension.

Contraindications: Hypersensitivity to barbiturates or belladonna alkaloids, glaucoma, advanced renal or hepatic disease.

Precautions: Administer with caution to patients with incipient glaucoma, bladder neck obstruction or urinary bladder atony. Prolonged use of barbiturates may be habit-forming.

Side effects: Blurred vision, dry mouth, dysuria, and other atropine-like side effects may occur at high doses, but are only rarely noted at recommended dosages.

Dosage: *Adults:* One or two tablets three or four times daily. Dosage can be adjusted depending on diagnosis and severity of symptoms.

Children 2 to 12 years: One-half or one tablet three or four times daily. Tablets may be chewed or swallowed with liquids.

KINESED®

antispasmodic/sedative/antiflatulent

Each *chewable tablet* contains: 16 mg. phenobarbital (warning: may be habit-forming); 0.1 mg. hyoscyamine sulfate; 0.02 mg. atropine sulfate, 0.007 mg. scopolamine hydrobromide; 40 mg. simethicone.

STUART PHARMACEUTICALS | Div. of ICI America Inc.
WILMINGTON, DEL. 19899

Opinion & Dialogue

"Prescription drugs – who should determine the maker?"

Dispenser of Medicine

Clifton J. Latiolais
President
American Pharmaceutical Association

"Too many doctors are indifferent to the economic consequences of their decisions." So stated a recent issue of *Medical News Report* (December 4, 1972), an independent weekly newsletter published by former AMA Chief Executive F. J. L. Blasingame, M.D.

Doctor, are you indifferent...?

In discussing an anticipated increase in Blue Shield rates, Dr. Blasingame's newsletter had this to say:

"In general, it can be said, MD's have given the impression they are not particularly concerned with the increase in cost of health care to their patients...

"True, an MD's training is primarily scientific, but in the real world of practice, all of his scientific decisions have a price tag, or an economic impact. The economics of health care beckon the practitioner's attention. Concern for economics of medicine

Maker of Medicine

C. Joseph Stetler
President
Pharmaceutical Manufacturers Association

When the pharmacist recommends that a drug product other than the one ordered be dispensed, the prescriber invariably permits the change when he feels the best interests of the patient will be served.

Shortcomings of Pro-Substitution Argument

The fact remains that it is necessary for the prescriber to know that the change is being contemplated, and to be in a position to consent or demur. Without that opportunity, the unilateral decision of the pharmacist, made in the absence of clinical knowledge of the patient, could expose him to needless risks, and in addition, jeopardize the relationship between the professions of Pharmacy and Medicine. In my view, there is nothing in the pro-substitution argument that offsets these risks.

The Issue of Drug Knowledge

Substitution advocates claim that the primary justification for changing the rules is the desire to better utilize pharmacists' knowledge about drugs. Yet the pharmacist's task to keep current on the entire field of drug therapy, to some degree, puts him at a disadvantage. Most often, a practicing physician will need expert knowledge of no more than 25

should be an obligation of medical practice...

"Medical societies ought to conduct continuing campaigns to point out the substantial savings that could be realized thru deductible insurance and protection for catastrophic illness. At the very least, they should, in the patients' interest, question the tactics of any insurance organization that raises health care costs by forcing policyholders to buy insurance they may not need or want and probably won't ever use.

"Too many doctors are indifferent to the economic consequences of their decisions. Too many, for example, habitually hospitalize patients for the convenience of the MD. It's nonsense to deny such habits exist...

"Doctors, thru their medical societies, have unhesitatingly appealed to their patients for support in the fight against government interference with the private practice of medicine. And the public in the past has responded. It's time the American Medical Association and state and local medical societies paid off the debt by decisive action to hold down the cost of medical care."

Cost of Drugs

Insurance rates and hospital charges are only two factors in health care costs. The cost of drugs—both prescription and nonprescription—is another.

And when it comes to drug costs, the nation's pharmacists *are concerned.* Through their national professional society, the American Pharmaceutical Association, pharmacists are advising the public to use nonprescription medication cautiously and conservatively, and to seek the advice of their pharmacist before selecting or purchasing such drugs.

Outdated Laws

The pharmacist also is aware that when it comes to prescription drugs, often he has an even greater opportunity to reduce the cost to the patient—with no sacrifice in the quality of the medication dispensed. But in many states, outdated and antiquated laws prevent the pharmacist from engaging in drug product selection. "Drug product selection" simply means that the pharmacist functions in the patient's interest by consciously choosing, from the multiple brands available, a low-cost quality brand of the specific drug to be dispensed in response to the physician's prescription order.

Much *misinformation* has been purposely spread by those who stand to gain financially by maintaining high drug costs to the public. An endless stream of propaganda has emanated from the drug industry in an effort to persuade the medical profession that these so-called anti-substitution laws should be retained. And as long as these laws are retained, the drug industry will continue its current marketing practices which contribute unnecessarily to high drug costs to patients. These practices also are inviting government agencies to expand their restrictive controls on physicians and pharmacists.

APhA Efforts

As pharmacists, we are concerned about health care costs. We hope that every physician shares our concern on this vital issue, and will give his personal support to the constructive efforts APhA has undertaken in the interest of all patients.

(For a complete discussion of drug product selection, you are invited to request a free copy of the "White Paper on the Pharmacist's Role in Product Selection" from: American Pharmaceutical Association, 2215 Constitution Avenue, N.W., Washington, D.C. 20037.)

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or 30 drugs that he selects to treat the majority of conditions encountered in his practice. Moreover, the physician's choice of a specific brand is based on his knowledge of the patient's medical history and current condition, and his experiences with the particular manufacturer's product.

Some substitution proponents have argued that the dispensing of a prescription is a simple two-party transaction between the pharmacist and the patient, and that a substituting pharmacist may avoid even a technical breach of contract by simply notifying the patient that he is making the substitution. I would judge that few courts would be sympathetic toward a pharmacist who substituted without physician approval and who undertook a legal defense that seeks to make the patient responsible for the pharmacist's actions.

Reduced Prescription Prices?

Substitution advocates are suggesting to the consumer, and particularly the consumer activist, that reduced prescription prices could follow legalization of substitution. We have seen absolutely no evidence to justify this claim. To the contrary, experience in Alberta, Canada, where substitution is authorized, suggests the opposite.

Many pharmacists understandably are concerned about the cost of maintaining multiple stocks of similar products. While there is no doubt that inventory costs rise when additional brands are stocked, it would be interesting to know how much they rise, and how many pharmacists actually stock *all* brands—of, say, ampicillin or tetracycline—or how long they keep "slow moving" products on their shelves before they are returned for credit. To ask that the industry eliminate multiple sources is to ask competitors to stop competing.

Drug Substitution—A License for the Unethical

Anti-substitution repeal would favor "corner cutting" pharmacists and manufacturers. For them, free substitution would be not a right, but a license. As an aftermath, it is quite likely that the confidence of both physicians and patients in the profession of Pharmacy would be eroded, as revelations about the unconscionable behavior of an undisciplined few were magnified in the press or in professional circles.

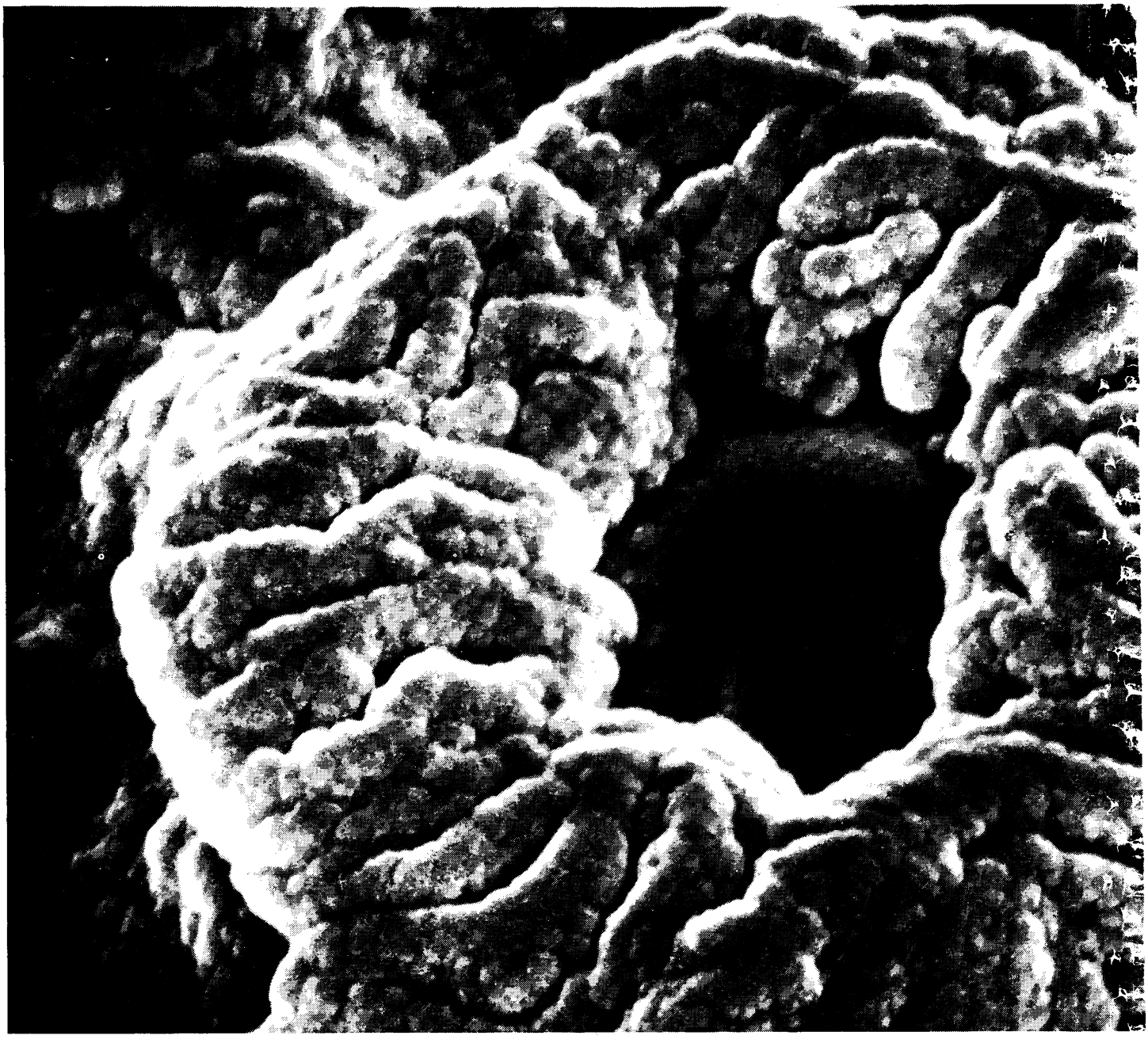
Summary

In short, what the American Pharmaceutical Association advocates as a broad-spectrum panacea looks to us to be not only a minority view (advocacy of substitution is by no means a uniform policy in Pharmacy), but also an extraordinarily costly and ineffective remedy, whose side effects are odious. We believe (1) that an impressive majority of pharmacists prefer to work with Medicine and with industry, for the consumer, and for the general good, (2) that they seek the privilege to substitute when the patient might gain and when the patient's doctor agrees, and (3) that they seek to work for the resolution of genuine grievances openly and professionally.

(For amplification of PMA views, please write for our booklet, "The Medications Physicians Prescribe: Who Shall Determine the Source?" It is available from: Pharmaceutical Manufacturers Association, 1155 Fifteenth Street, N.W., Washington, D.C. 20005.)

Pharmaceutical Manufacturers Association
1155 Fifteenth Street, N.W.
Washington, D.C. 20005

PMA



This Scanning Electron Micrograph (7000×) is the first 3-dimensional view of a cell in an ulcerated duodenum. The center is completely denuded, surrounded by fairly well-preserved microvilli. This SEM photomicrograph was taken from a scientific exhibit which won the Hull Award as the "best exhibit on original research or instruction on a medical subject" at the A.M.A. Clinical Convention, November 26-29, 1972, in Cincinnati, Ohio.

Before prescribing, please consult complete product information, a summary of which follows:
Indications: Symptomatic relief of hypersecretion, hypermotility and anxiety and tension states associated with organic or functional gastrointestinal disorders; and as adjunctive therapy in the management of peptic ulcer, gastritis, duodenitis, irritable bowel syndrome, spastic colitis and mild ulcerative colitis.
Contraindications: Patients with glaucoma; prostatic hypertrophy and benign bladder neck obstruction; known hypersensitivity to chlordiazepoxide hydrochloride and/or clidinium bromide.
Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering Librium (chlordiazepoxide hydrochloride) to known addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported. Use of any drug in pregnancy, lactation, or in women of childbearing age requires that its potential benefits be weighed against its possible hazards. As with all anticholinergic drugs, an inhibiting effect on lactation may occur.
Precautions: In elderly and debilitated, limit dosage to smallest effective amount to preclude development of ataxia, oversedation or confusion (not more than two capsules per day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (*e.g.*, excitement, stimulation and acute rage) have been

The Tireless Man

whose duodenal ulcer needs a rest

Up early, home late, often with a scratch pad filled with notes, figures, plans. A few hours' sleep and then another long day. This is often the routine of the tireless hard-driver, one-man committee with enough overwork and stress to wear out several men. But his duodenal ulcer may warn him with sharp discomfort that he had better ease up, let some things go, and give himself—and his ulcer—a rest.

The need to reduce G.I. hypermotility and hypersecretion

Overwork together with overanxiety are often principal factors in exacerbating a duodenal ulcer. To help reduce the increased gastric secretions and hypermotility, therapy may need to include treatment for associated undue anxiety—which is where dual-action Librax can be highly useful.

The dual nature of Librax

Only Librax combines, in one capsule, the antianxiety action of Librium® (chlordiazepoxide HCl) and the antisecretory action of Quarzan® (clidinium Br). As an adjunct to a therapeutic regimen, Librax may help relieve both somatic and associated anxiety factors that often contribute to the exacerbation of duodenal ulcer symptoms.

Up to 8 capsules daily in divided doses

For optimal response, dosage should be adjusted to your patient's requirements—1 or 2 capsules, 3 or 4 times daily. *Rx*: Librax #35 for initial evaluation of patient response to therapy. *Rx*: Librax #100 for follow-up therapy—this prescription for 2 or 3 weeks' medication can help maintain patient gains while permitting less frequent visits.

For the anxiety-linked symptoms of duodenal ulcer adjunctive Librax® ROCHE

Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium Br.

reported in psychiatric patients. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

Adverse Reactions: No side effects or manifestations not seen with either compound alone have been reported with Librax. When chlordiazepoxide hydrochloride is used alone, drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally with chlordiazepoxide hydrochloride, making periodic blood counts and liver function tests advisable during protracted therapy. Adverse effects reported with Librax are typical of anticholinergic agents, *i.e.*, dryness of mouth, blurring of vision, urinary hesitancy and constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diets.

ROCHE

Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, N.J. 07110

Must vasodilators and therapy for other diseases come into conflict?

not if the vasodilator is

VASODILAN®
(ISOXSUPRINE HCl)

the compatible vasodilator... no treatment conflicts reported

The cerebral or peripheral vascular disease patient often has coexisting disease[1] which calls for another drug along with his vasodilator. It may be a hypoglycemic, miotic, antihypertensive, diuretic, anticoagulant, corticosteroid, or coronary vasodilator.

Vasodilan is not incompatible with any of these drugs—no treatment conflict has been reported. And, unlike other vasodilators, Vasodilan has not been reported to affect carbohydrate metabolism, liver function, or intraocular pressure—or to complicate treatment of diabetes, hypertension, peptic ulcer, glaucoma, or liver disease.

In fact, there are no known contraindications to the use of Vasodilan in recommended oral doses, other than that it should not be given in the presence of frank arterial bleeding or immediately postpartum.

1. Gertler, M. M., et al.: Geriatrics *25:*134-148 (May) 1970.

Indications: Based on a review of this drug by the National Academy of Sciences-National Research Council and/or other information, the FDA has classified the indications as follows:

Possibly Effective:

1. For the relief of symptoms associated with cerebral vascular insufficiency.
2. In peripheral vascular disease of arteriosclerosis obliterans, thromboangiitis obliterans (Buerger's Disease) and Raynaud's disease.
3. Threatened abortion.

Final classification of the less-than-effective indications requires further investigation.

Composition: Vasodilan tablets, isoxsuprine HCl, 10 mg. and 20 mg.

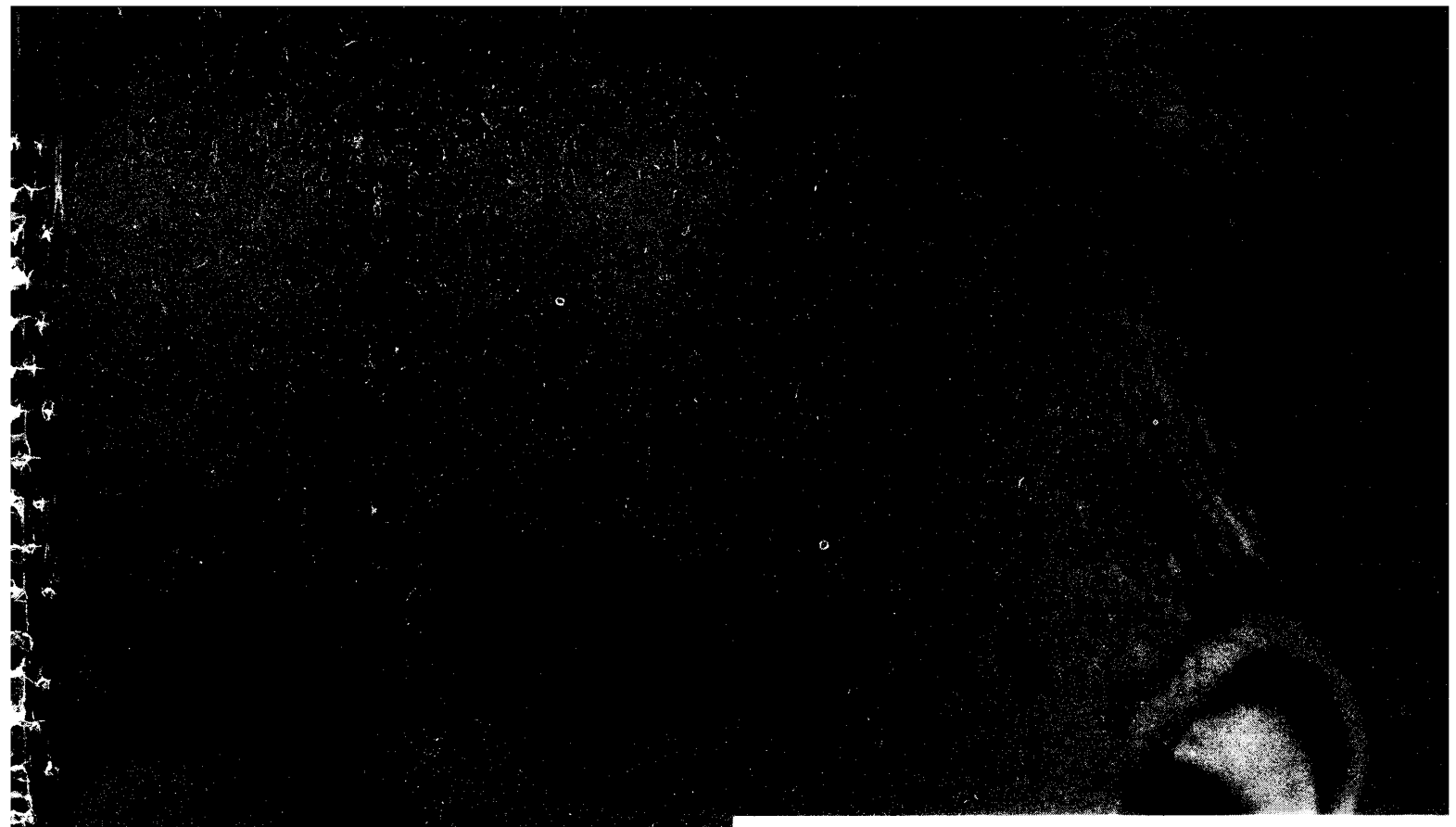
Dosage and Administration: 10 to 20 mg. three or four times daily.

Contraindications and Cautions: There are no known contraindications to oral use when administered in recommended doses. Should not be given immediately postpartum or in the presence of arterial bleeding.

Adverse Reactions: On rare occasions, oral administration of the drug has been associated in time with the occurrence of severe rash. When rash appears, the drug should be discontinued. Occasional overdosage effects such as transient palpitation or dizziness are usually controlled by reducing the dose.

Supplied: Tablets, 10 mg.—bottles of 100, 1000, 5000 and Unit Dose; 20 mg.—bottles of 100, 500 and Unit Dose.

Mead Johnson LABORATORIES



Colic? Diarrhea? Eczema? Asthma? Rhinorrhea? Fretfulness? Fitful Sleep?

Soyalac is often the answer.

This ailing, wailing syndrome in infants (and older children) is all too familiar. Fortunately, the physician has at his command a trusted ally: milk-free, fibre-free, hypo-allergenic Soyalac.

Soyalac is palatable, readily digested and assimilated. It simulates human milk in appearance, taste, texture. It is complete with vitamins and minerals. It is equally suitable for children and adults allergic to cow's milk.

Through the years Soyalac has proved its value —in promoting growth and development—as attested by extensive clinical data.

Free samples and literature on request.
A simple note on your prescription form will do.

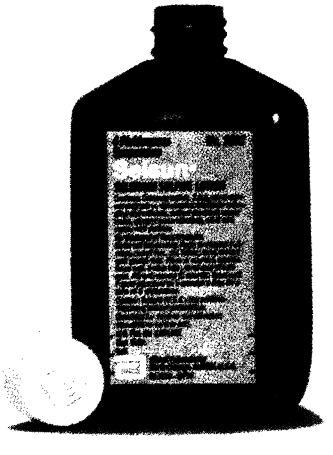
Now available in 3 forms:
Concentrated Liquid,
Ready-to-Serve, Powdered

Soyalac

a product of
LOMA LINDA FOODS
MEDICAL PRODUCTS DIVISION
RIVERSIDE, CALIFORNIA 92505
Mount Vernon, Ohio 43050, U.S.A.

Hair styles come and go, but Selsun® (SELENIUM SULFIDE LOTION) remains a classic for dandruff

Since 1951, Selsun has proven to be effective in treating dandruff and seborrheic dermatitis. When your patient is tormented by itching and scaling, provide the relief that only you can prescribe ...Selsun...classic anti-dandruff therapy.



Precautions and side effects: Keep out of the eyes, burning or irritation may result. Avoid application to inflamed scalp or open lesions. Occasional sensitization may occur. Rinse well.

Contains: Selenium sulfide, 2½%, w/v in aqueous suspension; also contains: bentonite, sodium alkyl aryl sulfonate, sodium phosphate (monobasic), glyceryl monoricinoleate, citric acid, captan, and perfume. 302412R

ABBOTT

The natural way

Premarin®

BRAND OF
CONJUGATED ESTROGENS TABLETS, U.S.P.

contains only natural estrogens ...no synthetics or supplements

For more than thirty years PREMARIN (Conjugated Estrogens Tablets, U.S.P.) has been prepared with natural equine estrogens exclusively – without synthetic estrogen supplements. For more than thirty years it has provided the complete estrogen complex – in the proportions found in its natural source. And for more than thirty years PREMARIN has enjoyed an unparalleled record of clinical efficacy and acceptance.

PREMARIN. The only leading estrogen tablet that meets all U.S.P. specifications for conjugated estrogens. Assurance of quality for you and your patients.

PREMARIN...naturally.

BRIEF SUMMARY *(For full prescribing information, see package circular.)*
PREMARIN® (Conjugated Estrogens Tablets, U.S.P.)

Indications: Based on a review of PREMARIN Tablets by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications for use as follows:
Effective: As replacement therapy for naturally occurring or surgically induced estrogen deficiency states associated with: the climacteric, including the menopausal syndrome and postmenopause; senile vaginitis and kraurosis vulvae, with or without pruritus.
"Probably" effective: For estrogen deficiency-induced osteoporosis, and only when used in conjunction with other important therapeutic measures such as diet, calcium, physiotherapy, and good general health-promoting measures. Final classification of this indication requires further investigation.

Contraindications: Short acting estrogens are contraindicated in patients with (1) markedly impaired liver function; (2) known or suspected carcinoma of the breast, except those cases of progressing disease not amenable to surgery or irradiation occurring in women who are at least 5 years postmenopausal; (3) known or suspected estrogen-dependent neoplasia, such as carcinoma of the endometrium; (4) thromboembolic disorders, thrombophlebitis, cerebral embolism, or in patients with a past history of these conditions; (5) undiagnosed abnormal genital bleeding.
Warnings: Estrogen therapy should not be given to women with recurrent chronic mastitis or abnormal mammograms except, if in the opinion of the physician, it is warranted despite the possibility of aggravation of the mastitis or stimulation of undiagnosed estrogen-dependent neoplasia.
The physician should be alert to the earliest manifestations of thrombotic disorders (thrombophlebitis, retinal thrombosis, cerebral embolism and pulmonary embolism). If these occur or are suspected, estrogen therapy should be discontinued immediately.
Estrogens may be excreted in the mother's milk and an estrogenic effect upon the infant has been described. The long range effect on the nursing infant cannot be determined at this time.
Hypercalcemia may occur in as many as 15 percent of breast cancer patients with metastases, and this usually indicates progression of bone metastases. This occurrence depends neither on dose nor on immobilization. In the presence of progression of the cancer or hypercalcemia, estrogen administration should be stopped.
A statistically significant association has been reported between maternal ingestion of diethylstilbestrol during pregnancy and the occurrence of vaginal carcinoma in the offspring. This occurred with the use of diethylstilbestrol for the treatment of threatened abortion or high risk pregnancies. Whether or not such an association is applicable to all estrogens is not known at this time. In view of this finding, however, the use of any estrogen in pregnancy is not recommended.
Failure to control abnormal uterine bleeding or unexpected recurrence is an indication for curettage.
Precautions: As with all short acting estrogens, the following precautions should be observed:
A complete pretreatment physical examination should be performed with special reference to pelvic and breast examinations.
To avoid prolonged stimulation of the endometrium and breasts in climacteric or hypogonadal women, estrogens should be administered cyclically (3 week regimen with 1 week rest period—withdrawal bleeding may occur during rest period).
Because of individual variation in endogenous estrogen production, relative overdosage may occur which could cause undesirable effects such as abnormal or excessive uterine bleeding, mastodynia and edema.
Because of salt and water retention associated with estrogenic anabolic activity, estrogens should be used with caution in patients with epilepsy, migraine, asthma, cardiac, or renal disease.
If unexplained or excessive vaginal bleeding should occur, reexamination should be made for organic pathology.
Pre-existing uterine fibromyomata may increase in size while using estrogens; therefore, patients should be examined at regular intervals while receiving estrogenic therapy.
The pathologist should be advised of estrogen therapy when relevant specimens are submitted.
Because of their effects on epiphyseal closure, estrogens should be used judiciously in young patients in whom bone growth is incomplete.
Prolonged high dosages of estrogens will inhibit anterior pituitary functions. This should be borne in mind when treating patients in whom fertility is desired.
The age of the patient constitutes no absolute limiting factor, although treatment with estrogens may mask the onset of the climacteric.
Certain liver and endocrine function tests may be affected by exogenous estrogen administration. If test results are abnormal in a patient taking estrogen, they should be repeated after estrogen has been withdrawn for one cycle.
Adverse Reactions: The following adverse reactions have been reported associated with short acting estrogen administration:
nausea, vomiting, anorexia
gastrointestinal symptoms such as abdominal cramps and bloating
breakthrough bleeding, spotting, unusually heavy withdrawal bleeding
(See DOSAGE AND ADMINISTRATION)
breast tenderness and enlargement
reactivation of endometriosis
possible diminution of lactation when given immediately postpartum
loss of libido and gynecomastia in males
edema
aggravation of migraine headaches
change in body weight (increase, decrease)
headache
allergic rash
hepatic cutaneous porphyria becoming manifest
Dosage and Administration: PREMARIN should be administered cyclically (3 weeks of daily estrogen and 1 week off) for all indications except selected cases of carcinoma and prevention of postpartum breast engorgement.
Menopausal Syndrome—1.25 mg. daily, cyclically. Adjust dosage upward or downward according to severity of symptoms and response of the patient. For maintenance, adjust dosage to lowest level that will provide effective control.
If the patient has not menstruated within the last two months or more, cyclic administration is started arbitrarily. If the patient is menstruating, cyclic administration is started on day 5 of bleeding. If breakthrough bleeding (bleeding or spotting during estrogen therapy) occurs, increase estrogen dosage as needed to stop bleeding. In the following cycle, employ the dosage level used to stop breakthrough bleeding in the previous cycle. In subsequent cycles, the estrogen dosage is gradually reduced to the lowest level which will maintain the patient symptom-free.
Postmenopause—as a protective measure against estrogen deficiency-induced degenerative changes (*e.g.* osteoporosis, atrophic vaginitis, kraurosis vulvae)—0.3 mg. to 1.25 mg. daily and cyclically. Adjust dosage to lowest effective level.
Osteoporosis (to retard progression)—usual dosage 1.25 mg. daily and cyclically.
Senile Vaginitis, Kraurosis Vulvae with or without Pruritus—0.3 mg. to 1.25 mg. or more daily, depending upon the tissue response of the individual patient. Administer cyclically.
How Supplied: PREMARIN (Conjugated Estrogens Tablets, U.S.P.)
No. 865—Each *purple* tablet contains 2.5 mg., in bottles of 100 and 1,000.
No. 866—Each *yellow* tablet contains 1.25 mg., in bottles of 100 and 1,000. Also in unit dose package of 100.
No. 867—Each *red* tablet contains 0.625 mg., in bottles of 100 and 1,000.
No. 868—Each *green* tablet contains 0.3 mg., in bottles of 100 and 1,000.

Ayerst

AYERST LABORATORIES
New York, N.Y. 10017
7335

She's something special...

Seven years old, a future ballet dancer... and an 8-month history of repeated cystitis that the equally repeated courses of antibiotics have "cured" but not stopped. Kidney impairment is all too possible.

One of those special patients...with a vulnerable urinary tract.

She's something special...

Seventy-five years old, grandmother of 7 and great-grandmother of 3, bakes a great blueberry pie... and has a chronic urinary infection that probably can't be cured, but should be suppressed.

One of those special patients... with a vulnerable urinary tract.

The long-term use of Mandelamine (methenamine mandelate) Suspension Forte, after the acute cystitis attack has been cleared, may help eliminate or suppress bacterial infection of the urine.

for those special patients with vulnerable urinary tracts

Mandelamine® Suspension Forte

(methenamine mandelate)

500 mg/tsp

Adults: 2 tsp q.i.d. Children 6-12: 1 tsp q.i.d.

M-GP-32-B/W

Caution: Federal law prohibits dispensing without prescription.

Mandelamine, a urinary antibacterial agent, is the chemical combination of mandelic acid with methenamine.

Rationale: *Prophylactic use.* Urine is a good culture medium for many urinary pathogens. Inoculation by a few organisms (relapse or reinfection) may lead to bacteriuria in susceptible individuals. Thus, the rationale of management in recurring urinary tract infection (bacteriuria) is to change the urine from a growth-supporting to a growth-inhibiting medium. There is a growing body of evidence that long-term administration of Mandelamine can prevent the recurrence of bacteriuria in patients with chronic pyelonephritis.

Therapeutic use: Mandelamine helps to sterilize the urine, and in some situations in which underlying pathologic conditions prevent sterilization by any means, it can help to suppress the bacteriuria. Mandelamine should not be used alone for acute infections with parenchymal involvement causing systemic symptoms such as chills and fever. A thorough diagnostic investigation as a part of the overall management of the urinary tract infection should accompany the use of Mandelamine.

Indications: Mandelamine (methenamine mandelate) is indicated for the suppression or elimination of bacteriuria associated with pyelonephritis, cystitis, and other chronic urinary tract infections; also for infected residual urine sometimes accompanying neurologic diseases. When used as recommended, Mandelamine is particularly suitable for long-term therapy because of its safety and because resistance to the nonspecific bactericidal action of formaldehyde does not develop. Pathogens resistant to other antibacterial agents may respond to Mandelamine because of the nonspecific effect of formaldehyde formed in an acid urine.

Contraindications: Contraindicated in renal insufficiency.

Precautions: Dysuria may occur (usually at higher than recommended dosage). This can be controlled by reducing the dosage and the acidification. When urine acidification is contraindicated or unattainable (as with some urea-splitting bacteria), the drug is not recommended.

Adverse Reactions: An occasional patient may experience gastrointestinal disturbance or a generalized skin rash.

Dosage and Management: The average adult dosage is 4 gm daily given as 2 teaspoonfuls (1.0 gm) after each meal and at bedtime. Children 6 to 12 should receive half the adult dosage, one teaspoonful four times a day.

Since an acid urine is essential for antibacterial activity with maximum efficacy occurring at pH 5.5 or below, restriction of alkalinizing foods and medication is thus desirable. If testing of urine pH reveals the need, supplemental acidification should be given.

Supplied: Mandelamine Suspension Forte is a pink, cherry-flavored liquid in bottles of 8 fl. oz. and 16 fl. oz.

Full information is available on request.

WARNER/CHILCOTT
Division, Warner-Lambert Company
Morris Plains, N.J. 07950

CLASSIFIED ADVERTISEMENTS

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PHYSICIANS WANTED

DIAGNOSTIC RADIOLOGIST—Board certified, contemplating semi-retirement. Primary responsibility small rural district hospital. Small outpatient load. No therapy, isotopes special studies. Meetings, vacations, night and weekend call shared, if desired. Percent of gross or separate billing. Hal D. Farley, MD, 13750 E. Stroud Ave., Kingsburg, Ca. 93631.

INTERNIST—Progressive, growing, central California community is developing a group of hospital-oriented Internists to complement other groups of specialists already established in area. Good medical facilities. Physicians with subspecialty interest could find this very attractive, but must be willing to do general Internal Medicine. John D. MacCarthy, MD, 645 West Olive, Suite 219, Merced, Ca. 95340. (209) 723-1069.

PSYCHIATRIST. New luxury office. Should gross $50,000 easily first year. Long established, general psychiatric practice. Will produce vigorously to community. Staff privileges available, psychiatric units minutes away. Ideal location—close to mountains, seashore, San Francisco and Los Angeles. L. L. Boyce, M.D. 1477 E. Shaw, Suite 126, Fresno, Ca. 93710, (209) 224-1452.

LOS ANGELES-ORANGE COUNTIES. Growing HMO needs more GENERAL PRACTITIONERS, INTERNISTS, OB/GYN's, ORTHOPEDIC SURGEONS, and OPHTHALMOLOGIST. Competitive salaries, regular increases and tax-sheltered fringe benefits. Two new medical centers opening soon. Send your curriculum vitae to: Frank Eaton, M.D., Medical Director, Family Health Program, Room 8319, 2925 Palo Verde, Long Beach, Ca. 90815

INDUSTRIAL PHYSICIAN for plant in San Francisco Bay Area. 1,500 employees. Prefer industry experience. Duties involve pre-employment and periodic physical examinations, occupational injuries, and patient consultation. Staff of two nurses. Excellent fringe benefits. Salary open. An equal opportunity employer. Contact California Medicine, 693 Sutter St., Box 9357, San Francisco, Ca. 94102.

FAMILY PHYSICIANS opportunity to establish private/solo/associate practice in San Joaquin Valley community. Financial assistance available. Receptive medical community and modern hospital. Write or phone Jerry W. Boyter, Administrator, Tulare District Hospital, 869 Cherry, Tulare, Ca. 93274. (209) 688-0821.

PHYSICIANS NEEDED

Full time positions available in the L.A. County Health Services Methadone Program.

Current vacancies are in the Venice and Wilmington Clinics. Calif. Physicians and Surgeon's License required. Salary effective July 1, 1973—$1,996 to $2,228.

Contact Dr. L. Hart
(213) 974-7951

Open to men and women
Equal opportunity employer
Civil Service Commission
County of Los Angeles

INTERNIST WANTED—To associate with two Board Certified Internists consultative practice. Pleasant living. New ICU-CCU. Close to Recreational Centers and Medical Centers. Excellent opportunity for start and high income potential first year. Call or write, S. Edwards, M.D., 243 March St., Santa Paula, California. (805) 525-7131, Collect.

(Continued on Page 48)

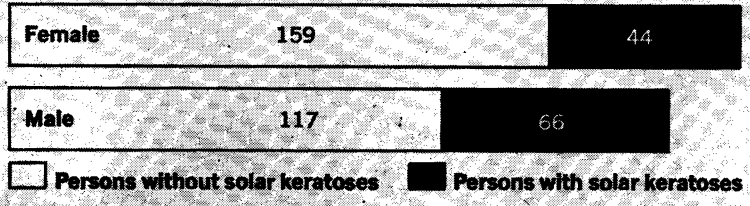
What it means to live and work in Tipton County, Tennessee

Persons who are white and over 40 have one chance in four of having solar keratoses... which may be premalignant

An epidemiologic study* conducted in Tipton County, Tennessee, revealed that 28.5% of white persons over 40 had solar keratoses; most had multiple lesions. Cluster sampling projected an estimated prevalence of 32.5% for white males and 19.5% for white females.

Though this is an unusually high percentage of affected persons, these lesions can occur in any similar population, wherever people work or play out-of-doors.

Prevalence of solar keratoses in white persons over 40 in Tipton County, Tennessee



*Data on file, Hoffmann-La Roche Inc., Nutley, New Jersey.

Solar, actinic, senile keratoses

Called by many names, the typical lesion is flat or slightly elevated, brownish or reddish in color, papular, dry, adherent, rough, sharply defined; usually multiple lesions, chiefly on exposed portions of the skin.

Sequence/selectivity of response

Erythema in areas of lesions may begin after several days of therapy; height of reaction (only in affected areas)* usually occurs within two weeks, declining after discontinuation of therapy. Since this response is so predictable, lesions that do not respond should be biopsied to rule out the presence of a frank neoplasm.

Cosmetic results

Cosmetic results are highly favorable. Incidence of scarring is low—important with multiple facial lesions. Efudex should be applied with care near the eyes, nose and mouth.

5% cream–a Roche exclusive

Only Roche formulates the 5% cream... high in patient acceptability..., high in clinical efficacy, especially for lesions of hands and forearms... economical.

Before prescribing, please consult complete product information, a summary of which follows:
Indications: Multiple actinic or solar keratoses.
Contraindications: Patients with known hypersensitivity to any of its components.
Warnings: If occlusive dressing used, may increase inflammatory reactions in adjacent normal skin. Avoid prolonged exposure to ultraviolet rays. Safe use in pregnancy not established.
Precautions: If applied with fingers, wash hands immediately. Apply with care near eyes, nose and mouth. Lesions failing to respond or recurring should be biopsied.
Adverse Reactions: Local—pain, pruritus, hyperpigmentation and burning at application site most frequent; also dermatitis, scarring, soreness and tenderness. Also reported—insomnia, stomatitis, suppuration, scaling, swelling, irritability, medicinal taste, photosensitivity, lacrimation, leukocytosis, thrombocytopenia, toxic granulation and eosinophilia.
Dosage and Administration: Apply sufficient quantity to cover lesion twice daily with nonmetal applicator or suitable glove. Usual duration of therapy is 2 to 4 weeks.
How Supplied: Solution, 10-ml drop dispensers—containing 2% or 5% fluorouracil on a weight/weight basis, compounded with propylene glycol, tris(hydroxymethyl)aminomethane, hydroxypropyl cellulose, parabens (methyl and propyl) and disodium edetate.
Cream, 25-Gm tubes—containing 5% fluorouracil in a vanishing cream base consisting of white petrolatum, stearyl alcohol, propylene glycol, polysorbate 60 and parabens (methyl and propyl).

an alternative to conventional therapy

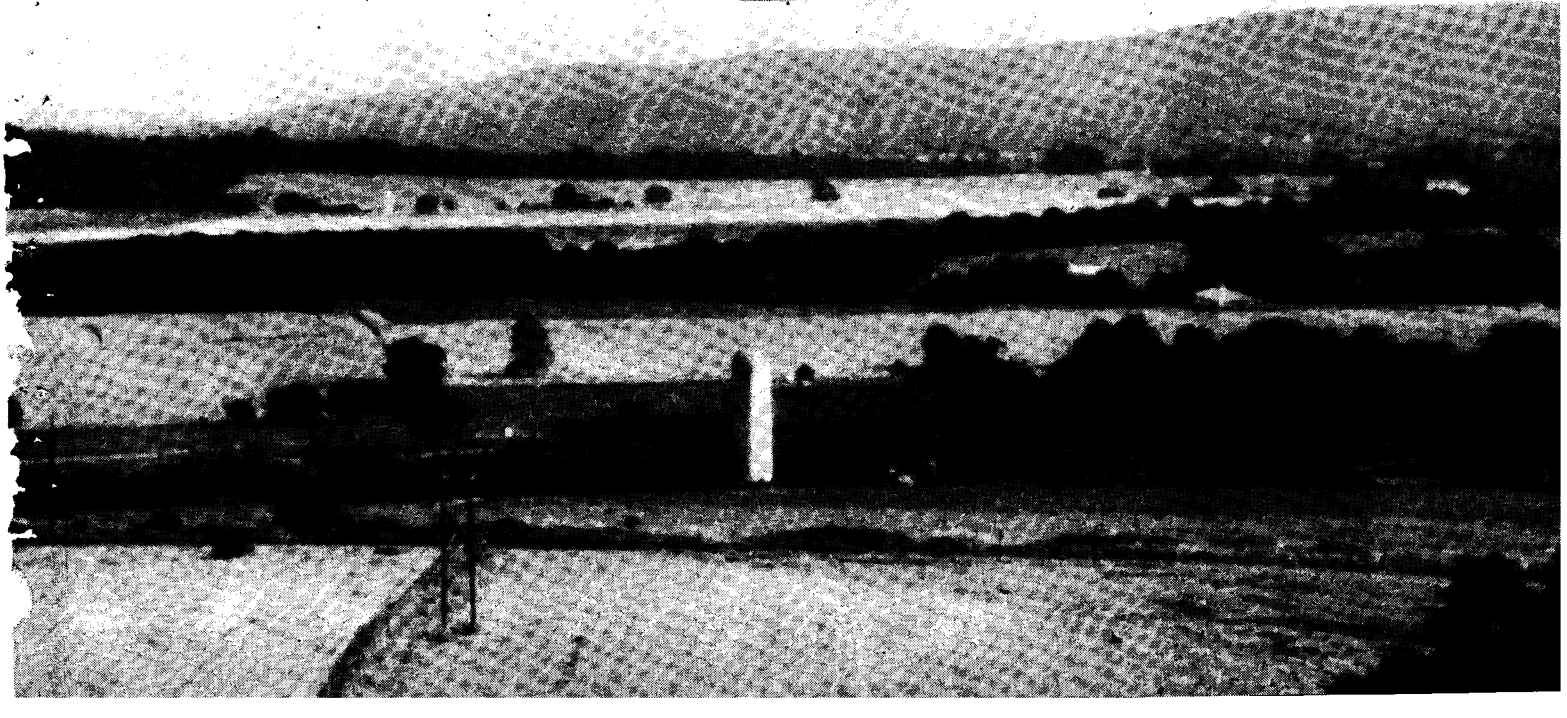
Efudex®

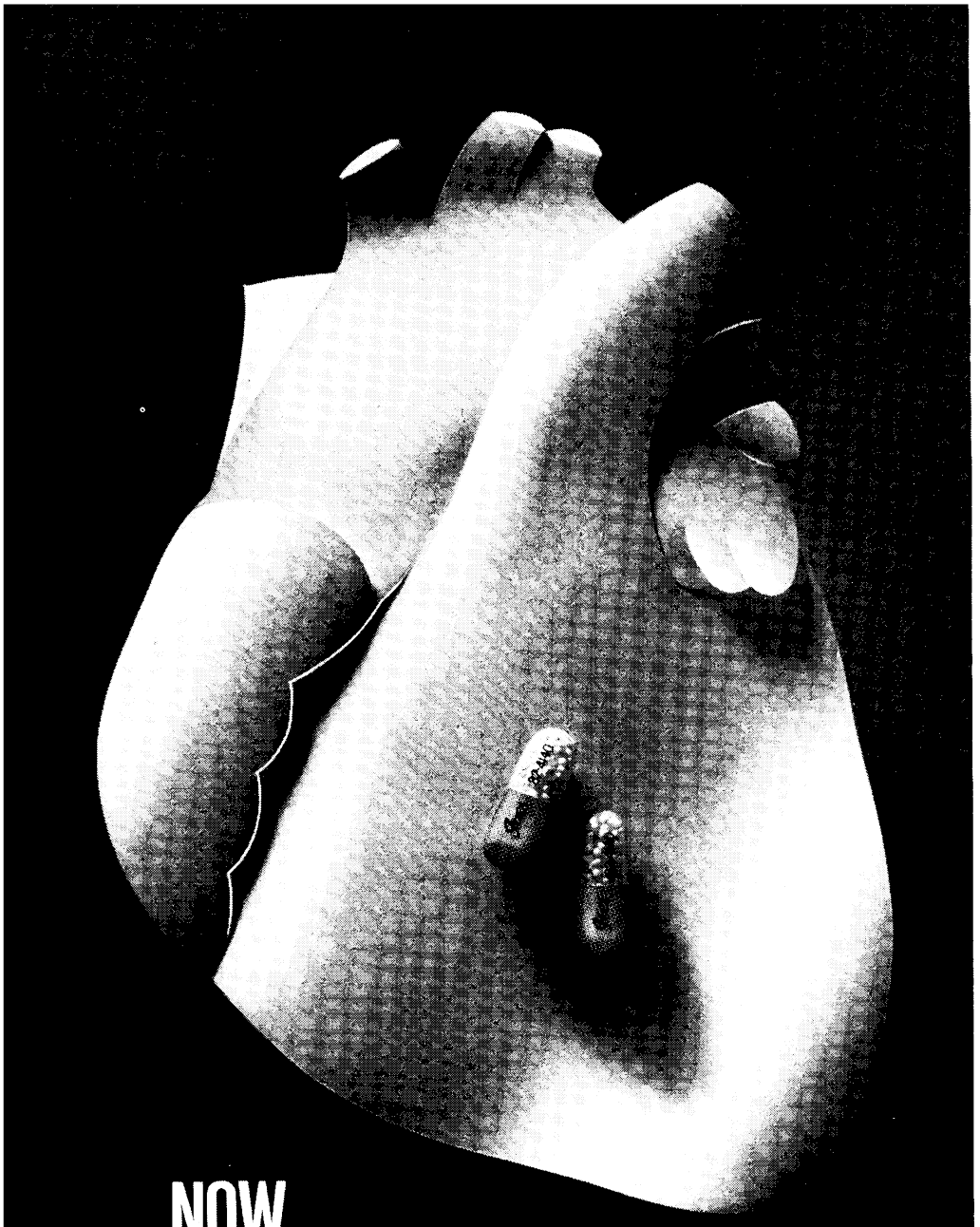
(fluorouracil)

cream/solution

ROCHE

Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, N.J. 07110





NOW ISORDIL® (ISOSORBIDE DINITRATE) TEMBIDS® CAPSULES, 40 mg.

One capsule b.i.d. helps protect your angina pectoris patients for up to 24 hours a day.

THERE ARE TWO FORMS OF SUSTAINED ACTION ISORDIL— ISORDIL TEMBIDS CAPSULES, 40 mg., AND ISORDIL TEMBIDS TABLETS, 40 mg.

Widely accepted Isordil Tembids Tablets are now joined by an additional sustained action form, Isordil Tembids Capsules, providing greater prescribing flexibility.

***Indications:** Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indication as follows:

"Possibly" effective: When taken by the oral route, Isordil (isosorbide dinitrate) is indicated for the relief of angina pectoris (pain of coronary artery disease). It is not intended to abort the acute anginal episode, but is widely regarded as useful in the prophylactic treatment of angina pectoris.

Final classification of the less-than-effective indications requires further investigation.

Contraindication: Idiosyncrasy to this drug.

Warnings: Data supporting the use of nitrites during the early days of the acute phase of myocardial infarction (the period during which clinical and laboratory findings are unstable) are insufficient to establish safety.

Precautions: Tolerance to this drug and cross-tolerance to other nitrites and nitrates may occur. In patients with functional or organic gastrointestinal hypermotility or malabsorption syndrome, it is suggested that either the ISORDIL 5 mg. or 10 mg. Oral tablets or sublingual tablets be the preferred therapy. The reason for this is that a few patients have reported passing partially dissolved ISORDIL TEMBIDS tablets in their stools. This phenomenon is believed to be on the basis of physiological variability and to reflect rapid gastrointestinal transit of the sustained action tablet. TEMBIDS SHOULD NOT BE CHEWED.

Adverse Reactions: Cutaneous vasodilation with flushing. Headache is common and may be severe and persistent. Transient episodes of dizziness and weakness as well as other signs of cerebral ischemia associated with postural hypotension may occasionally develop. This drug can act as a physiological antagonist to norepinephrine, acetylcholine, histamine, and many other agents. An occasional individual exhibits marked sensitivity to the hypotensive effects of nitrite, and severe responses (nausea, vomiting, weakness, restlessness, pallor, perspiration and collapse) can occur even with the usual therapeutic dose. Alcohol may enhance this effect. Drug rash and/or exfoliative dermatitis may occasionally occur.

Consult direction circular before prescribing.

May we send you reprints, detailed information and/or professional samples?

TEMBIDS® — TRADEMARK FOR SUSTAINED ACTION TABLETS AND CAPSULES

IVES LABORATORIES INC.

685 Third Avenue, New York, N.Y. 10017

DEDICATED TO IMPROVING THE QUALITY OF LIFE, THROUGH MEDICINE

SYNTEX INTRODUCES

aarane®

20 mg CAPSULES

[CROMOLYN SODIUM]

A DIFFERENT APPROACH TO THE TREATMENT OF SEVERE PERENNIAL BRONCHIAL ASTHMA

See last page for prescribing information.

NEW FROM SYNTEX

A NEW ADJUNCT FOR THE MANAGEMENT OF SEVERE PERENNIAL BRONCHIAL ASTHMA

aarane®

[CROMOLYN SODIUM]

A DIFFERENT APPROACH TO THE TREATMENT OF SEVERE PERENNIAL BRONCHIAL ASTHMA

Asthma drug therapy depends chiefly on bronchodilators. When bronchodilators fail, corticosteroids are often used. Bronchodilators are used primarily to provide symptomatic relief by intervening in the asthma process *after* the patient has symptoms of bronchospasm, edema, and hypersecretion of mucus, which are a consequence of mediator release.

In vitro and *in vivo* animal studies have shown that *aarane* interferes with the chain of events *before* the release of chemical mediators of the asthma process, and appears to inhibit their release.

Thus, *aarane* offers a new approach to the adjunctive management of severe perennial bronchial asthma.

IMPORTANT: *aarane* has no intrinsic bronchodilator, anti-histaminic or anti-inflammatory activity. Because of its prophylactic mechanism of action, cromolyn sodium has no role in the treatment of an acute attack of asthma.

Because of the difference of this drug and its delivery system, the physician is encouraged to obtain additional information from his local Syntex representative.

- *aarane*® Inhaler
- carrying case for Inhaler and four capsules
- package of 60 individually foil-wrapped 20 mg. *aarane* capsules

aarane® 20 mg. CAPSULES [CROMOLYN SODIUM]

INDICATIONS

aarane (cromolyn sodium) is indicated as an adjunct in the management of patients with severe perennial bronchial asthma. Such patients must have a significant bronchodilator-reversible component to their airway obstruction as demonstrated by a generally accepted pulmonary function test of airway mechanics. *aarane* has no role in the treatment of an acute attack of asthma, especially status asthmaticus.

If improvement occurs, it will ordinarily occur within the first two-to-four weeks of administration, as manifested by a decrease in the severity of clinical symptoms of asthma, or in the need for concomitant therapy, or both.

A decision to continue the administration of *aarane* on a long term basis is justified if introduction of the drug into the patient's regimen:

- produces a significant reduction in the severity of the clinical symptoms of asthma, or
- permits a significant reduction in or elimination of steroids, or
- permits better management of patients who have intolerable side effects to sympathomimetic agents or methylxanthines.

CONTRAINDICATIONS

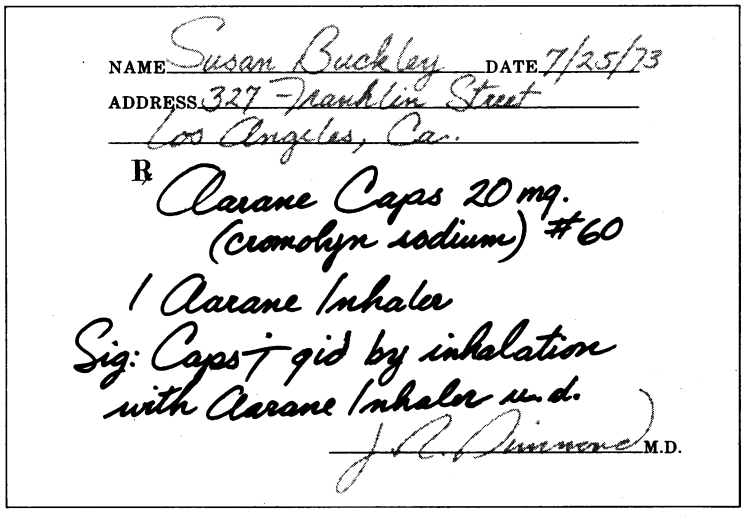
aarane is contraindicated in those patients who have shown hypersensitivity to it.

WARNINGS

***aarane* HAS NO ROLE IN THE TREATMENT OF AN ACUTE ATTACK OF ASTHMA, ESPECIALLY STATUS ASTHMATICUS.**

In some animal toxicity studies, a previously unreported proliferative arterial lesion found predominantly in the kidneys occurred in both treated and untreated macaque monkeys. The possibility that the increased incidence of the lesion in the treated monkeys is due to the administration of cromolyn sodium can neither be affirmed nor refuted. (For additional details, see Animal Toxicology in the package insert.) The relevance of these data to man is unknown. In considering the long term administration of cromolyn sodium to a patient, the physician should take into consideration the possible risk as well as the degree of efficacy achieved in the individual patient.

In view of the biliary and renal routes of excretion for *aarane*, (cromolyn sodium), consideration should be given to decreasing the dosage or discontinuing the administration of the drug in patients with impaired renal or hepatic function.


NAME Susan Buckley DATE 7/25/73
ADDRESS 327 Franklin Street
Los Angeles, Ca.
℞ Aarane Caps 20 mg. (cromolyn sodium) #60
1 Aarane Inhaler
Sig: Caps I qid by inhalation with Aarane Inhaler u.d.
J. C. Simmons M.D.

Eosinophilic pneumonia has been reported rarely in association with the administration of cromolyn sodium. If this occurs the drug should be discontinued.

Use in pregnancy: Reproduction studies have been performed in rabbits, rats and mice. Adverse fetal effects (increased resorptions, decreased fetal weight) were noticed only at very high parenteral doses that produced maternal toxicity. The relevance to the human is not known. Since there is no experience in pregnant women who have received this drug, safety in pregnancy has not been established and its use in pregnancy is not recommended.

Use in children: Clinical experience in children under 5 years of age is limited due to the necessity for administration by inhalation. Use of *aarane* is not recommended for such children. Because of the possibility that adverse effects of the drug could become apparent only after many years, a benefit-risk consideration of the long term use of *aarane* is particularly important in pediatric patients.

PRECAUTIONS

Occasionally patients may experience cough and/or bronchospasm following *aarane* inhalation. At times, patients with *aarane* induced bronchospasm may not be able to continue its administration despite prior bronchodilator administration.

Symptoms of asthma may recur if *aarane* is reduced below the recommended dosage, or discontinued.

ADVERSE REACTIONS

Instances of maculopapular rash and urticaria, which have been reported, have cleared promptly upon withdrawing the drug. Occasionally patients may experience cough and/or bronchospasm following *aarane* inhalation.

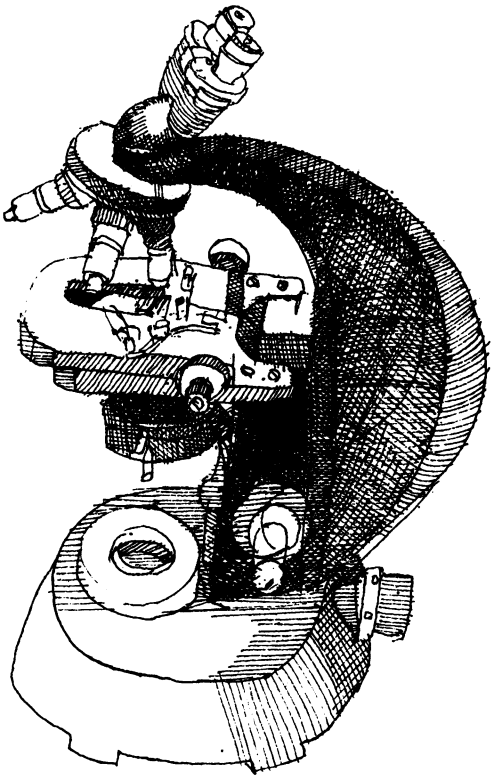
HOW SUPPLIED

aarane® (cromolyn sodium) capsules, each containing 20 mg. cromolyn sodium in strips of four capsules each, in trade packages of 60 capsules. *aarane* Inhalers are supplied separately in individual containers.

Caution: Federal law prohibits dispensing without prescription.

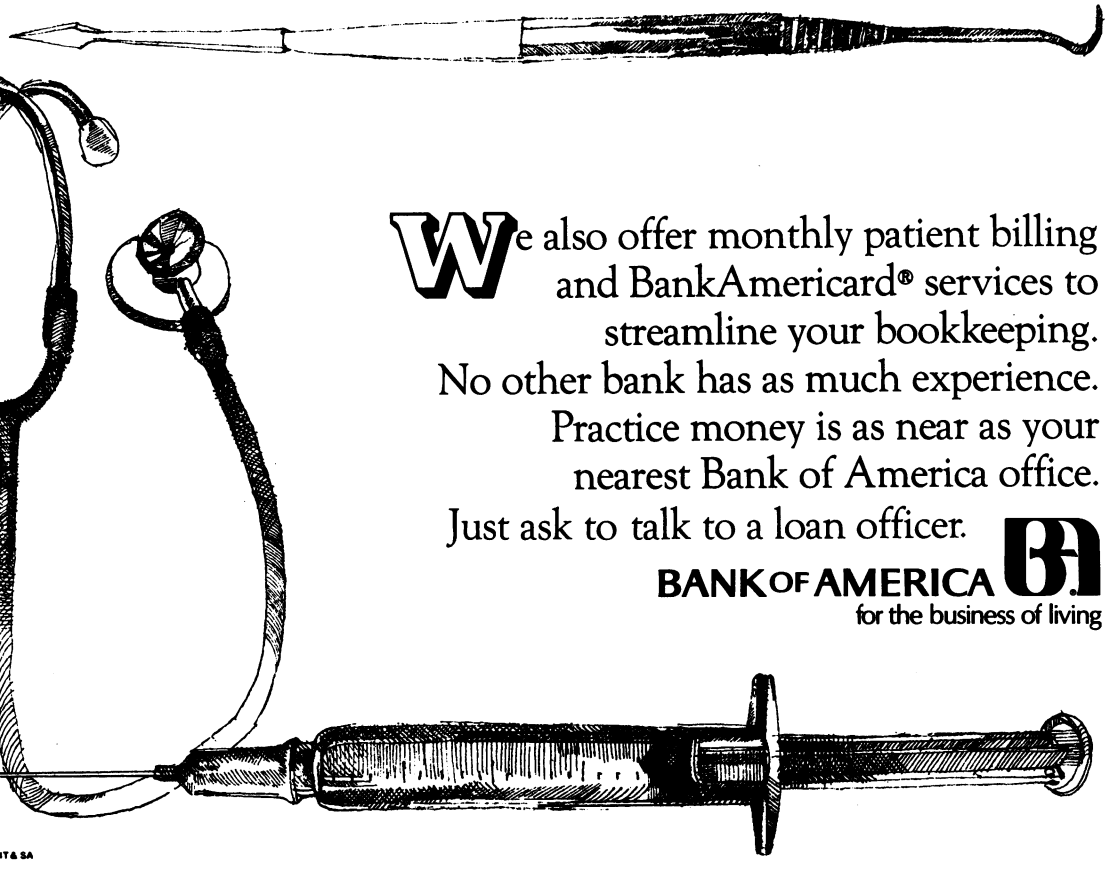
SYNTEX
SYNTEX LABORATORIES, INC.
PALO ALTO, CALIFORNIA 94304

PRACTICE MONEY.



Bank of America has exactly the right financing you may need to start your practice or keep your practice up-to-date with the very latest equipment. We've specialized in financing for the medical and dental professions for more than two decades. We'd like to make this experience available to you.

For example, a professional term loan for the purchase of new equipment or furnishings or leasehold improvements is simple and easy to arrange. For your personal interests, we offer such services as personal trusts.



We also offer monthly patient billing and BankAmericard® services to streamline your bookkeeping. No other bank has as much experience. Practice money is as near as your nearest Bank of America office. Just ask to talk to a loan officer.

BANK OF AMERICA
for the business of living

BANK OF AMERICA NT&SA

Integument

Our skin—the human integument—covers us, defines us, protects us. But skin is subject to cuts, burns, abrasions. And infections. Neosporin Ointment fights infection by providing broad antibacterial action against susceptible skin invaders. It contains antibiotics that are rarely used systemically, reducing the risk of sensitization.

INDICATIONS: *Therapeutically*, used as an adjunct to appropriate systemic therapy for topical infections, primary or secondary, due to susceptible organisms, as in: • infected burns, skin grafts, surgical incisions, otitis externa • primary pyodermas (impetigo, ecthyma, sycosis vulgaris, paronychia) • secondarily infected dermatoses (eczema, herpes, and seborrheic dermatitis) • traumatic lesions, inflamed or suppurating as a result of bacterial infection.

Prophylactically, the ointment may be used to prevent bacterial contamination in burns, skin grafts, incisions, and other clean lesions. For abrasions, minor cuts and wounds accidentally incurred, its use may prevent the development of infection and permit wound healing.

CONTRAINDICATIONS: Not for use in the external ear canal if the eardrum is perforated. This product is contraindicated in those individuals who have shown hypersensitivity to any of the components.

PRECAUTION: As with other antibiotic preparations, prolonged use may result in overgrowth of nonsusceptible organisms and/or fungi. Appropriate measures should be taken if this occurs. Articles in the current medical literature indicate an increase in the prevalence of persons allergic to neomycin. The possibility of such a reaction should be borne in mind.

Complete literature available on request from Professional Services Dept. PML.

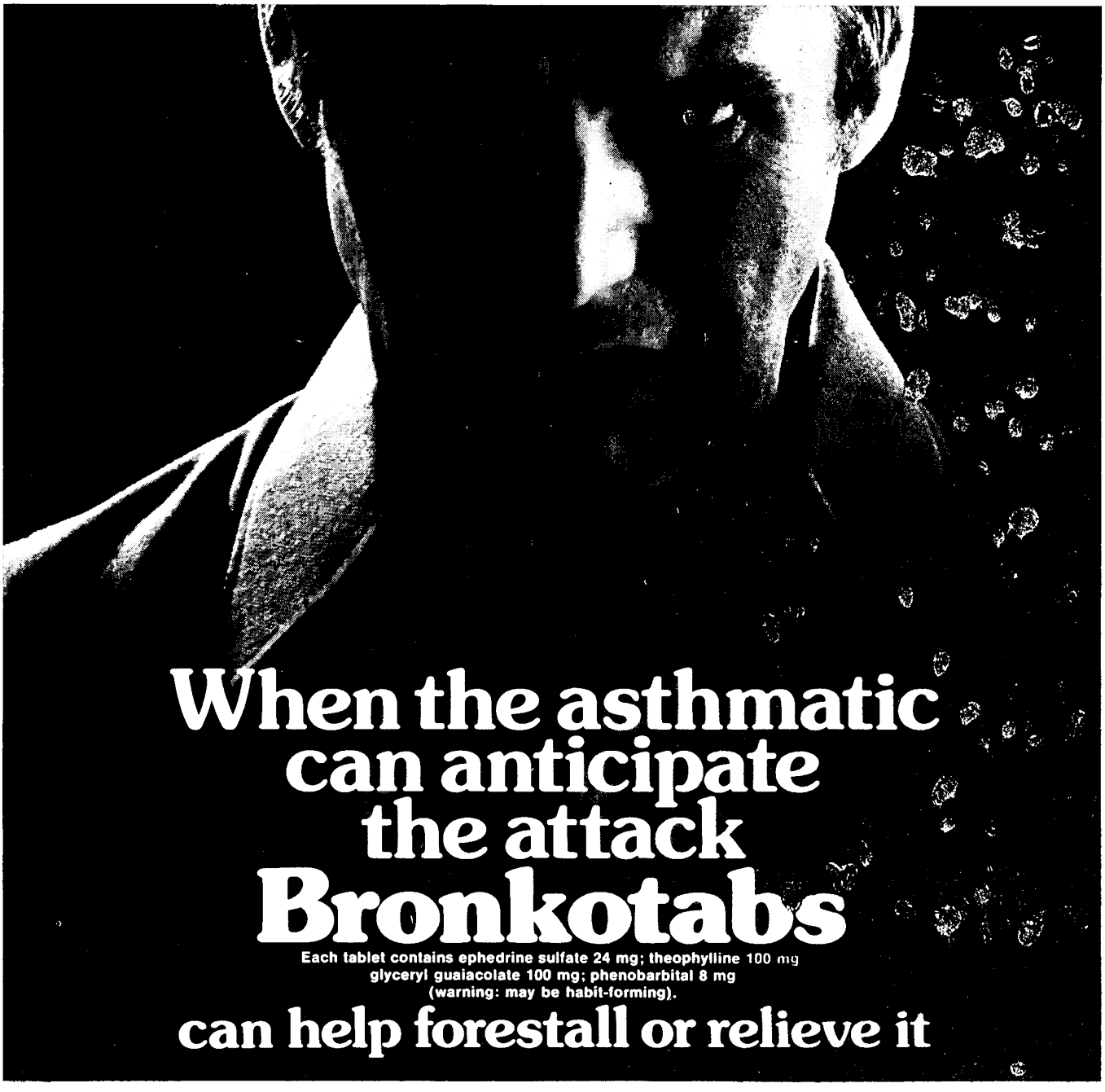
NEOSPORIN® Ointment

(POLYMYXIN B-BACITRACIN-NEOMYCIN)

Each gram contains: Aerosporin® brand Polymyxin B Sulfate 5,000 units; zinc bacitracin 400 units; neomycin sulfate 5 mg. (equivalent to 3.5 mg. neomycin base); special white petrolatum q.s. In tubes of 1 oz. and ½ oz. and 1/32 oz. (approx.) foil packets.

Wellcome

Burroughs Wellcome Co.
Research Triangle Park
North Carolina 27709



When the asthmatic can anticipate the attack Bronkotabs

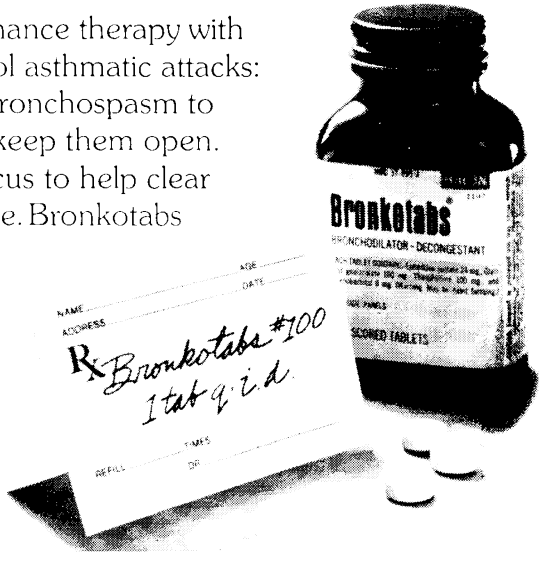
Each tablet contains ephedrine sulfate 24 mg; theophylline 100 mg glyceryl guaiacolate 100 mg; phenobarbital 8 mg (warning: may be habit-forming).

can help forestall or relieve it

Why day to day maintenance therapy with Bronkotabs helps control asthmatic attacks:

Bronkotabs relieves bronchospasm to open airways and help keep them open.

Bronkotabs thins mucus to help clear the tracheobronchial tree. Bronkotabs decongests bronchiolar mucosa to improve the passage of air. Economical long-term therapy.



PRECAUTIONS AND ADVERSE EFFECTS: Sympathomimetic side effects are minimal, and there are none of the dangers or side effects associated with steroid therapy. However, frequent or prolonged use may cause nervousness, restlessness or sleeplessness. Should be used with caution in the presence of hypertension, heart disease or hyperthyroidism. Drowsiness may occur. Ephedrine may cause urinary retention, especially in the presence of partial obstruction, as in prostatism.

DOSAGE: Adults, one tablet every three or four hours, four or five times daily. Children over six, one-half the adult dose. Children under six, as directed.

SUPPLIED: Bottles of 100 and 1,000 tablets.

BREON

BREON LABORATORIES INC.
90 Park Avenue, New York, N.Y. 10016

THE FIVE FACES OF HYPERLIPIDEMIA

When faced with Cholesterol elevation

Choloxin®

(sodium dextrothyroxine)

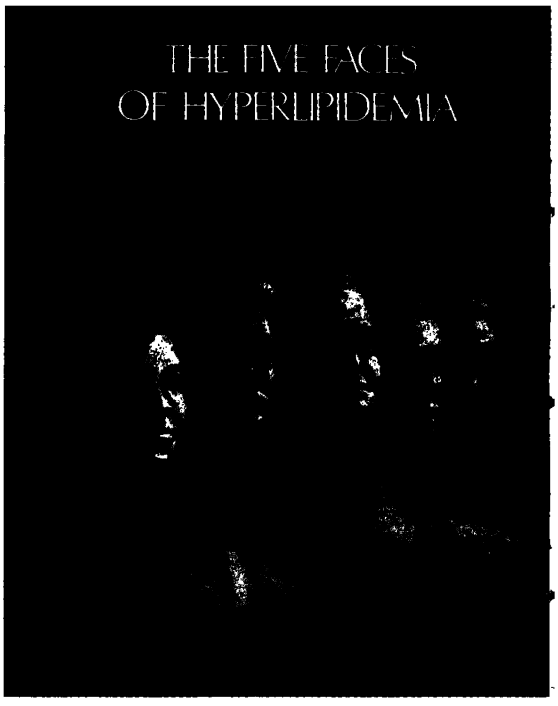
is a practical answer

When faced with a diagnosed hypercholesterolemic patient, CHOLOXIN is a practical and appropriate drug to select. It is a thyroid analogue which effectively lowers elevated serum cholesterol 15 to 35% (see adjacent chart) in Types II and III patients . . . for treatment of hypercholesterolemia in euthyroid, non-cardiac patients.

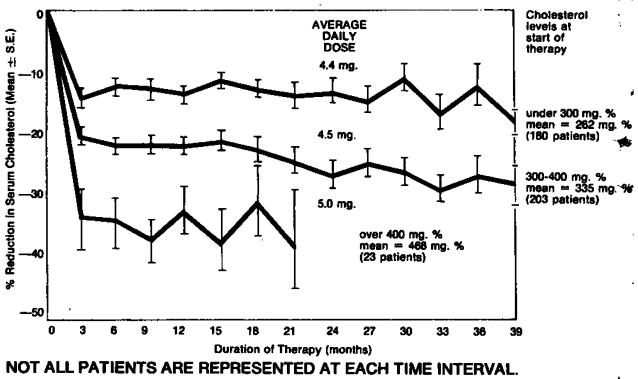
Although the mechanism of action of CHOLOXIN has not been conclusively demonstrated, animal studies show both increased oxidative catabolism in the liver and excretion of cholesterol and its degradation products via the biliary route.

An Important Note:

It has not been established whether drug-induced lowering of serum cholesterol or other lipid levels has a detrimental, a beneficial, or no effect on the morbidity or mortality due to atherosclerosis or coronary heart disease. Several years will be required before current investigations can yield an answer to this question.



Effect of sustained therapy at constant dosage in 406 euthyroid patients The mean control values were at 262, 335 and 468 mg. %.



NOT ALL PATIENTS ARE REPRESENTED AT EACH TIME INTERVAL.

Appropriate Diet and Drug Management should be selected for each "Type"

Type	Chylo-microns Present	LDL (Beta-lp) Increased	VLDL (pre-Beta-lp) Increased	Floating β-lipo-proteins Present
I	●			
IIa		●		
IIb		●	●	
III				●
IV			●	
V	●		●	

Successful treatment of patients with lipid abnormalities is enhanced through use of accurate diagnosis and treatment. Primary hyperlipidemia has five faces. These five "Types," as currently defined by Fredrickson and Levy, are not a single abnormality but rather, distinct entities.

The use of CHOLOXIN therapy does not replace or diminish the desirability of dietary management of hypercholesterolemia. Drugs are useful as adjunctive therapy. CHOLOXIN is appropriate to lower elevated serum cholesterol in the beta and pre-beta bands (Type II & III) and has been used effectively in the treatment of familial hypercholesterolemia.

Lipid abnormalities are diagnosed based on their abnormal lipoprotein patterns. This chart[1] shows where abnormalities occur in each type.

1. *Classification of Hyperlipidemias and Hyperlipoproteinemias;* Bull. Wld. Hlth. Org. *43: 891-915, 1970.*

New Considerations of Choloxin Therapy

CHOLOXIN therapy is indicated for two uses: 1) as adjunctive therapy for antilipidemic purposes in euthyroid patients with no known evidence of organic heart disease; and 2) as replacement therapy for hypothyroid cardiac patients who cannot tolerate other types of thyroid medications.

Data from recent clinical studies indicate the importance of conservative dosage in the hypothyroid cardiac group. Dosage for hypothyroid cardiac patients should start at 0.5 to 1.0 mg. daily and be slowly titrated to a maximal dosage not exceeding 4.0 mg. daily* (see new Dosage Schedule below).

Further, there may be an additive effect with these patients who are on concomitant digitalis therapy.

Results from a randomized clinical study have indicated a possible adverse effect when CHOLOXIN is administered to a patient receiving a digitalis preparation. There may be an additive effect. This additive effect may possibly stimulate the myocardium excessively in patients with significant myocardial impairment. CHOLOXIN dosage should not exceed 4.0 mg. per day when the patient is receiving a digitalis preparation concomitantly. Careful monitoring of the total effect of both drugs is important.

CHOLOXIN may also potentiate the effects of anticoagulant drugs. Anticoagulant drug dosage should be reduced by one-third upon initiation of CHOLOXIN therapy. (See WARNINGS section.)

Careful monitoring of the total effect of CHOLOXIN used concomitantly with digitalis and anticoagulant drugs is important.

TWO NEW DOSAGE STRENGTHS

CHOLOXIN® (sodium dextrothyroxine) is now available in four dosage strengths: 1, 2, 4, and 6 mg. scored tablets. The 1 and 6 mg. sizes are new, adding greater flexibility to the dosage regimen possible. The 1 and 6 mg. is available in 30 tablet bottles only. The 2 and 4 mg. strengths come in both 30 and 100 tablet sizes.

Choloxin® Single-Tablet-a-Day Dosage Schedules

	Starting Dosage	Increased by Increments of	Usual Maintenance	Maximal Recommended
ADULT HYPERCHOLESTEROLEMIC	1.0-2.0 mg.	monthly 1.0-2.0 mg.	4.0-8.0 mg.	4.0-8.0 mg.
PEDIATRIC HYPERCHOLESTEROLEMIC	0.05 mg. per kilogram body weight	monthly 0.05 mg./kg.	0.1 mg. per kilogram body weight	4.0 mg.
HYPOTHYROID CARDIAC PATIENTS	0.5-1.0 mg.	monthly 1.0 mg.	4.0 mg.	4.0 mg.

Two new tablet strengths now available add greater flexibility to the CHOLOXIN dosage regimen. In most cases, this permits use of single-tablet-a-day therapy. In addition, all tablets are scored for convenience of split-tablet dosage as well. CHOLOXIN remains the lowest cost drug indicated for lipid-lowering uses.

Observed Side Effects

Because CHOLOXIN is a thyroid analogue, the type of metabolic, dose-related side effects you might expect have been observed. Due care should be taken to titrate dosage.

Adverse Reactions

The side effects attributed to dextrothyroxine therapy are, for the most part, due to increased metabolism, and may be minimized by following the recommended dosage schedule. Adverse effects are least commonly seen in euthyroid patients with no signs or symptoms of organic heart disease; the incidence of adverse effects is increased in hypothyroid patients, and is highest in those patients with organic heart disease superimposed on the hypothyroid state.

In the absence of known organic heart disease, some cardiac changes may be precipitated during sodium dextrothyroxine therapy. In addition to angina pectoris, arrhythmia consisting of extrasystoles, ectopic beats, or supraventricular tachycardia, ECG evidence of ischemic myocardial changes and increase in heart size have been observed. Myocardial infarction, both fatal and non-fatal, have occurred, but these are not unexpected in untreated patients in the age groups studied. It is not known whether any of these infarcts were drug related.

Changes in clinical status that may be related to the metabolic action of the drug include the development of insomnia, nervousness, palpitations, tremors, loss of weight, lid lag, sweating, flushing, hyperthermia, hair loss, diuresis, and menstrual irregularities. Gastrointestinal complaints during therapy have included dyspepsia, nausea and vomiting, constipation, diarrhea, and decrease in appetite.

Other side effects reported to be associated with CHOLOXIN (sodium dextrothyroxine) therapy include the development of headache, changes in libido (increase or decrease), hoarseness, tinnitus, dizziness, peripheral edema, malaise, tiredness, visual disturbances, psychic changes, paresthesia, muscle pain, and various bizarre subjective complaints. Skin rashes, including a few which appeared to be due to iodism, and itching have been attributed to dextrothyroxine by some investigators. Gallstones have been discovered in occasional dextrothyroxine-treated patients and cholestatic jaundice has occurred in one patient, although its relationship to CHOLOXIN therapy was not established.

In several instances, the previously existing conditions of the patient appeared to continue or progress during the administration of CHOLOXIN; a worsening of peripheral vascular disease, sensorium, exophthalmos, and retinopathy have been reported.

CHOLOXIN potentiates the effects of anticoagulants, such as warfarin or Dicumarol, on prothrombin time, thus indicating a decrease in the dosage requirements of the anticoagulants. On the other hand, dosage requirements of antidiabetic drugs have been reported to be increased during dextrothyroxine therapy (see WARNINGS section).

CHOLOXIN is a carefully selected thyroid analogue. Among the 10 thyroid drugs studied in the rat, CHOLOXIN shows the greatest separation between cholesterol lowering and calorigenic activities.

See Prescribing Information on next page.

Choloxin® (sodium dextrothyroxine)

Description

CHOLOXIN (sodium dextrothyroxine) is the sodium salt of the dextrorotatory isomer of thyroxine. It is chemically described as D-3,5,3′,5′-tetraiodothyronine sodium salt.

Actions

The predominant effect of CHOLOXIN (sodium dextrothyroxine) is the reduction of serum cholesterol levels in hyperlipidemic patients. Beta lipoprotein and triglyceride fractions may also be reduced from previously elevated levels.

Most of the available evidence indicates that CHOLOXIN stimulates the liver to increase catabolism and excretion of cholesterol and its degradation products via the biliary route into the feces. Cholesterol synthesis is not inhibited and abnormal metabolic end-products do not accumulate in the blood.

Indications

This is not an innocuous drug. Strict attention should be paid to the indications and contraindications.

CHOLOXIN (sodium dextrothyroxine) is an antilipidemic agent used as an adjunct to diet and other measures for the reduction of elevated serum cholesterol (low density lipoproteins) in euthyroid patients with no known evidence of organic heart disease.

The drug is also indicated in the treatment of hypothyroidism in patients with cardiac disease who cannot tolerate other types of thyroid medication.

Before prescribing, note the following: Results from a randomized clinical study have indicated a possible adverse effect when CHOLOXIN is administered to a patient receiving a digitalis preparation. There may be an additive effect. This additive effect may possibly stimulate the myocardium excessively in patients with significant myocardial impairment. CHOLOXIN dosage should not exceed 4 mg per day when the patient is receiving a digitalis preparation concomitantly. Careful monitoring of the total effect of both drugs is important.

It has not been established whether the drug-induced lowering of serum cholesterol or lipid levels has a detrimental, beneficial, or no effect on the morbidity or mortality due to atherosclerosis or coronary heart disease. Several years will be required before current investigations will yield an answer to this question.

Contraindications

The administration of CHOLOXIN (sodium dextrothyroxine) to euthyroid patients with one or more of the following conditions is contraindicated:

1. Known organic heart disease, including angina pectoris; history of myocardial infarction; cardiac arrhythmia or tachycardia, either active or in patients with demonstrated propensity for arrhythmias; rheumatic heart disease; history of congestive heart failure; and decompensated or borderline compensated cardiac status.
2. Hypertensive states (other than mild, labile systolic hypertension).
3. Advanced liver or kidney disease.
4. Pregnancy.
5. Nursing mothers.
6. History of iodism.

Warnings

CHOLOXIN (sodium dextrothyroxine) may potentiate the effects of anticoagulants on prothrombin time. Reductions of anticoagulant dosage by as much as 30% have been required in some patients. Consequently, the dosage of anticoagulants should be reduced by one-third upon initiation of CHOLOXIN therapy and the dosage subsequently readjusted on the basis of prothrombin time. The prothrombin time of patients receiving anticoagulant therapy concomitantly with CHOLOXIN therapy should be observed as frequently as necessary, but at least weekly, during the first few weeks of treatment.

In the surgical patient, it is wise to consider withdrawal of the drug two weeks prior to surgery if the use of anticoagulants during surgery is contemplated.

When CHOLOXIN is used as thyroid replacement therapy in hypothyroid patients with concomitant coronary artery disease (especially those with a history of angina pectoris or myocardial infarction) or other cardiac disease, treatment should be initiated with care. Special consideration of the dosage schedule of CHOLOXIN is required. This drug may increase the oxygen requirements of the myocardium, especially at high dosage levels. Treated subjects with coronary artery disease must be seen at frequent intervals. If aggravation of angina or increased myocardial ischemia, cardiac failure, or clinically significant arrhythmia develops during the treatment of hypothyroid patients, the dosage should be reduced or the drug discontinued.

Special consideration must be given to the dosage of other thyroid medications used concomitantly with CHOLOXIN. As with all thyroactive drugs, hypothyroid patients are more sensitive to a given dose of CHOLOXIN than euthyroid patients.

Epinephrine injection in patients with coronary artery disease may precipitate an episode of coronary insufficiency. This condition may be enhanced in patients receiving thyroid analogues. These phenomena should be kept in mind when catecholamine injections are required in sodium dextrothyroxine-treated patients with coronary artery disease.

Since the possibility of precipitating cardiac arrhythmias during surgery may be greater in patients treated with thyroid hormones, it may be wise to discontinue CHOLOXIN in euthyroid patients at least two weeks prior to an elective operation. During emergency surgery in euthyroid patients, and in surgery in hypothyroid patients in whom it may be advisable to withdraw therapy, the patients should be carefully observed.

There are reports that sodium dextrothyroxine in diabetic patients is capable of increasing blood sugar levels with a resultant increase in requirements of insulin or oral hypoglycemic agents. Special attention should be paid to parameters necessary for good control of the diabetic state in dextrothyroxine-treated subjects and to dosage requirements of insulin or other antidiabetic drugs. If sodium dextrothyroxine is later withdrawn from patients who had required an increase of insulin (or oral hypoglycemic agents) dosage during its administration, the dosage of antidiabetic drugs should be reduced and adjusted to maintain good control of the diabetic state.

When either or both impaired liver or kidney function are present, the advantages of CHOLOXIN therapy must be weighed against the possibility of deleterious results.

Usage in Women of Childbearing Age

Women of childbearing age with familial hypercholesterolemia or hyperlipemia should not be deprived of the use of this drug; it can be given to those patients exercising strict birth control procedures. Since pregnancy may occur despite the use of birth control procedures, administration of CHOLOXIN (sodium dextrothyroxine) to women of this age group should be undertaken only after weighing the possible risk to the fetus against the possible benefits to the mother. Teratogenic studies in two animal species have resulted in no abnormalities in the offspring.

Precautions

It is expected that patients on dextrothyroxine therapy will show greatly increased serum protein-bound-iodine levels. These increased serum PBI values are evidence of absorption and transport of the drug, and should NOT be interpreted as evidence of hypermetabolism; similarly, they may not be used for titrating the effective dose of CHOLOXIN (sodium dextrothyroxine). PBI values in the range of 10 to 25 mcg% in treated patients are common.

If signs or symptoms of iodism develop during CHOLOXIN therapy, the drug should be discontinued.

A few children with familial hypercholesterolemia have been treated with CHOLOXIN for periods of one year or longer with no adverse effects on growth. However, it is recommended that the drug be continued in patients in this age group only if a significant serum cholesterol-lowering effect is observed.

Adverse Reactions

The side effects attributed to dextrothyroxine therapy are, for the most part, due to increased metabolism, and may be minimized by following the recommended dosage schedule. Adverse effects are least commonly seen in euthyroid patients with no signs or symptoms of organic heart disease; the incidence of adverse effects is increased in hypothyroid patients, and is highest in those patients with organic heart disease superimposed on the hypothyroid state.

In the absence of known organic heart disease, some cardiac changes may be precipitated during sodium dextrothyroxine therapy. In addition to angina pectoris, arrhythmia consisting of extrasystoles, ectopic beats, or supraventricular tachycardia, ECG evidence of ischemic myocardial changes and increase in heart size have been observed. Myocardial infarctions, both fatal and nonfatal, have occurred, but these are not unexpected in untreated patients in the age groups studied. It is not known whether any of these infarcts were drug related.

Changes in clinical status that may be related to the metabolic action of the drug include the development of insomnia, nervousness, palpitations, tremors, loss of weight, lid lag, sweating, flushing, hyperthermia, hair loss, diuresis, and menstrual irregularities. Gastrointestinal complaints during therapy have included dyspepsia, nausea and vomiting, constipation, diarrhea, and decrease in appetite.

Other side effects reported to be associated with CHOLOXIN (sodium dextrothyroxine) therapy include the development of headache, changes in libido (increase or decrease), hoarseness, tinnitus, dizziness, peripheral edema, malaise, tiredness, visual disturbances, psychic changes, paresthesia, muscle pain, and various bizarre subjective complaints. Skin rashes, including a few which appeared to be due to iodism, and itching have been attributed to dextrothyroxine by some investigators. Gallstones have been discovered in occasional dextrothyroxine-treated patients and cholestatic jaundice has occurred in one patient, although its relationship to CHOLOXIN therapy was not established.

In several instances, the previously existing conditions of the patient appeared to continue or progress during the administration of CHOLOXIN; a worsening of peripheral vascular disease, sensorium, exophthalmos, and retinopathy have been reported.

CHOLOXIN potentiates the effects of anticoagulants, such as warfarin or Dicumarol, on prothrombin time, thus indicating a decrease in the dosage requirements of the anticoagulants. On the other hand, dosage requirements of antidiabetic drugs have been reported to be increased during dextrothyroxine therapy (see WARNINGS section).

Dosage and Administration

For **adult** euthyroid hypercholesterolemic patients, the recommended maintenance dose of CHOLOXIN (sodium dextrothyroxine) is 4 to 8 mg per day. The initial daily dose should be 1 to 2 mg to be increased in 1 to 2 mg increments at intervals of not less than one month to a maximum level of 4 to 8 mg daily, if that dosage level is indicated to effect the desired lowering of serum cholesterol.

When used as partial or complete substitution therapy for levothyroxine in hypothyroid patients with cardiac disease who cannot tolerate other types of thyroid medication, the initial daily dose should be 1 mg to be increased in 1 mg increments at intervals of not less than one month to a maximum level of 4 to 8 mg daily, preferably the lower dosage. The maximum in patients receiving digitalis therapy is 4 mg.

For **pediatric** hypercholesterolemic patients, the recommended maintenance dose of CHOLOXIN is approximately 0.1 mg per kilogram. The initial daily dosage should be approximately 0.05 mg per kilogram to be increased in up to 0.05 mg per kilogram increments at monthly intervals. The recommended maximal dose is 4 mg daily, if that dosage is indicated to effect the desired lowering of serum cholesterol.

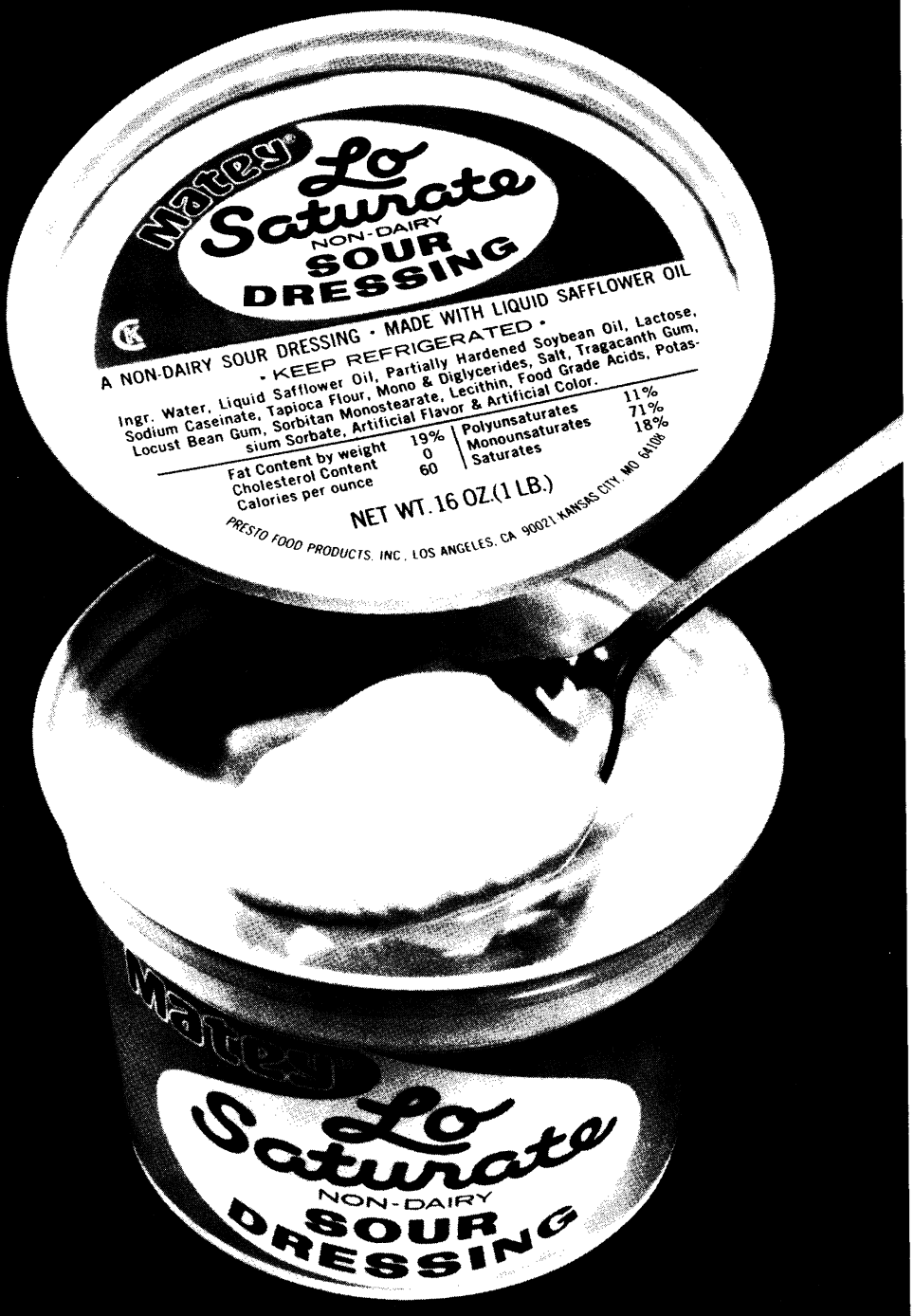
If new signs or symptoms of cardiac disease develop during the treatment period, the drug should be withdrawn.

How Supplied

CHOLOXIN (sodium dextrothyroxine) is supplied in prescription packages of scored 1, 2, 4, and 6 mg tablets.

FLINT LABORATORIES
DIVISION OF TRAVENOL LABORATORIES, INC.
Morton Grove, Illinois 60053

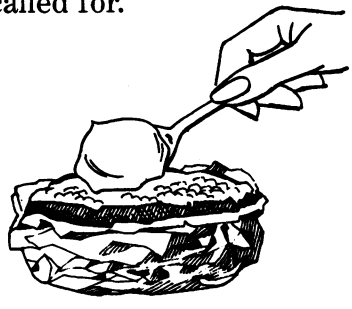
Good news for saturated fat watchers...



New Matey® Sour Dressing. Low in saturated fat, Cholesterol free!

Imagine. A sour dressing you can feel free to recommend. One that gives all the satisfaction of the one you had to restrict, but that has a relative saturated fat to total fat of only 18% as compared to over 50% for dairy sour cream. What's more, delicious new Matey® Non-Dairy Lo Saturate Sour Dressing is made from a blend of liquid safflower and soybean oils (the only one that is) and is *completely cholesterol free.*

If your patients are bored with a saturated fat restricted diet, they'll love the way new Matey can liven up their menu. Great for dips, on baked potatoes, fruit salad or cooking ...anywhere a sour dressing is called for.

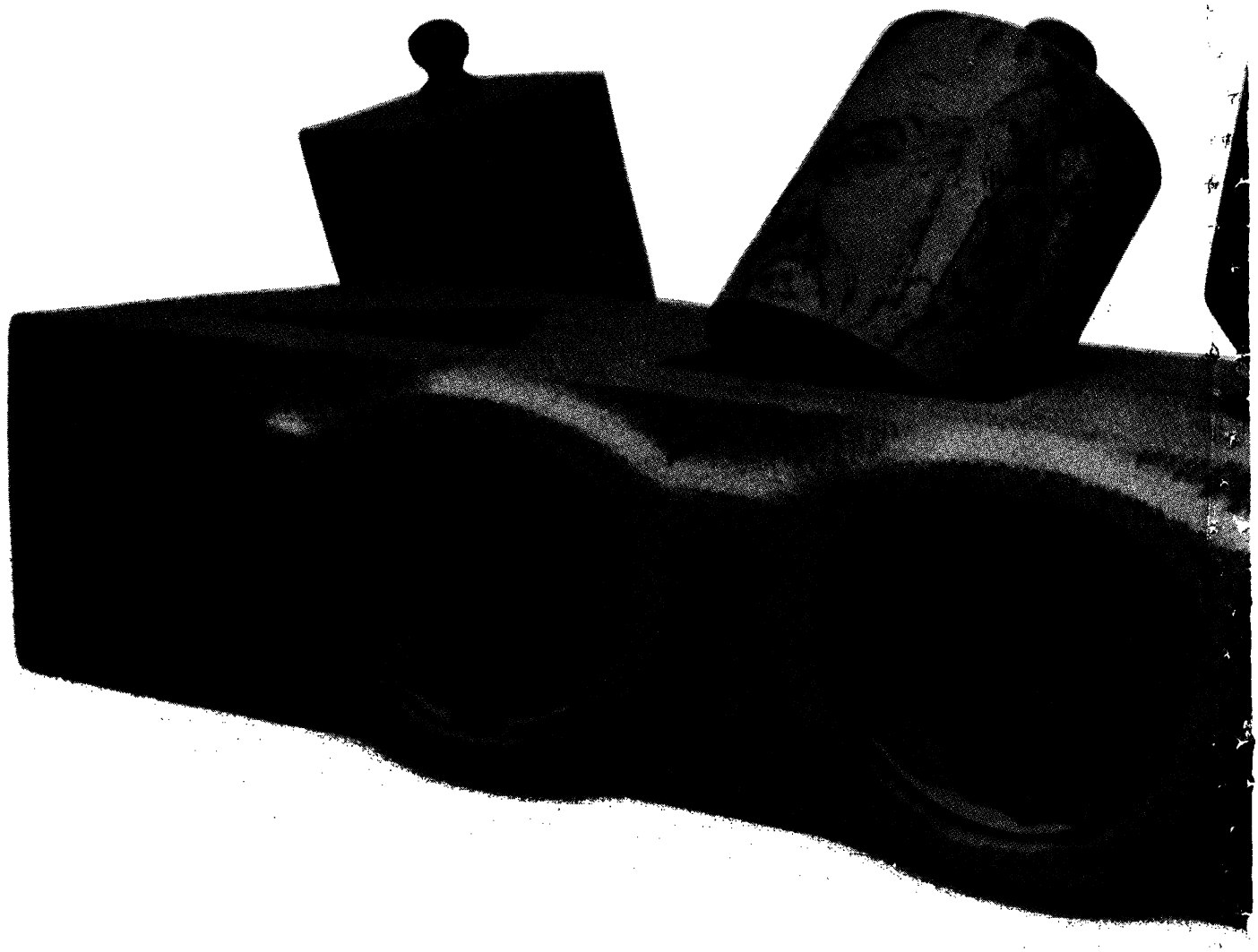


New Matey. You'll find it in your grocer's dairy case now. Better yet, write for a free supply of coupons so you and your patients can sample it free. We'll also send you a complete data sheet for your files.

Presto Food Products, Inc.
Box 21908,
Los Angeles,
Calif. 90021

Made by the makers of Mocha Mix®...the non-dairy creamer that's lowest in saturated fat. Both available in larger sizes for hospitals and institutions.

Help improve your depressed patients' ability to cope.



In Brief:

Actions: Norpramin® (desipramine hydrochloride) is an antidepressant drug of the tricyclic type. It has been found in some studies to have a more rapid onset of action than imipramine; antidepressant efficacy is similar though potency on a weight basis may be less. The earliest manifestations consist mainly of an increase in psychomotor activity. Full treatment benefit is seldom attained before the end of the second week.

Indications: Norpramin® (desipramine hydrochloride) is indicated for the relief of depressive symptoms. Endogenous depressions are more likely to be alleviated than others.

Contraindications: Desipramine hydrochloride should not be given within two weeks of treatment with a monoamine oxidase inhibitor. Contraindications include the acute recovery period following myocardial infarction and hypersensitivity to the drug. Cross sensitivity with other dibenzazepines is a possibility.

Warnings: 1. Extreme caution should be used in patients: (a) with cardiovascular disease, (b) with a history of urinary retention or glaucoma, (c) with thyroid disease or those on thyroid medication, (d) with a history of seizure disorder. 2. This drug is capable of blocking the antihypertensive effect of guanethidine and similarly acting compounds. 3. *Use in Pregnancy:* Safe use during pregnancy and lactation has not been established. 4. *Use in Children:* Norpramin® (desipramine hydrochloride) is not recommended for use in children. 5. This drug may impair the mental and/or physical abilities required for the performance of potentially hazardous tasks such as driving a car or operating machinery. Therefore, the patient should be cautioned accordingly.

Precautions: This drug should be dispensed in the least possible quantities to depressed outpatients, since suicide has been accomplished with drugs of this class. It should be kept out of reach of children. Reduce dosage, or alter treatment, if serious adverse effects occur. Norpramin® (desipramine hydrochloride) therapy in patients with manic-depressive illness may induce a hypomanic state after the depressive phase terminates and may cause exacerbation of psychosis in schizophrenic patients. Close supervision and careful adjustment of dosage are required when this drug is given along with anticholinergic or sympathomimetic drugs. While taking this drug, response to alcoholic beverages may be exaggerated. There is limited clinical experience in the concurrent administration of ECT and antidepressant drugs; thus, one should consider the possibility of increased risk relative to benefits. Discontinue as soon as possible prior to elective surgery because of possible cardiovascular effects. Hypertensive episodes have been observed during surgery in patients on desipramine hydrochloride. Leukocyte and differential counts should be performed in any patient who develops fever and sore throat during therapy; the drug should be discontinued if there is neutropenia.

Adverse Reactions: *Cardiovascular:* hypotension, hypertension, tachycardia, palpitation, arrhythmias, heart block, myocardial infarction, stroke. *Psychiatric:* confusional states (especially

Coping with Depression

The ability to cope with depressive illness, for the patient and to some degree for the physician, largely depends on hope—a crutch that is usually lacking in the depressed patient. To the depressed patient all the good things of life are bleak, black, or unattainable; all that is bad has been happening or will happen. Helping such a patient to cope with life again, to overcome the incapacitating moods, outlooks, and fears which characterize depression, can be a most rewarding experience for the physician.

Although Norpramin® (desipramine hydrochloride) is relatively rapid-acting, the patient should be told that he will not feel better immediately but that he will gradually become his old self again. A minor tranquilizer in appropriate dosage may be used with Norpramin temporarily if anxiety due to depression is present; a phenothiazine may be used similarly if agitation is severe.

Frequently, Norpramin and your own understanding of the patient are all that is necessary.

Norpramin®
(desipramine hydrochloride)
helps the depressed cope with life again.

in the elderly), hallucinations, disorientation, delusions; anxiety, agitation; insomnia and nightmares; hypomania; exacerbation of psychosis. *Neurological:* paresthesias of extremities; incoordination, ataxia, tremors, peripheral neuropathy; extrapyramidal symptoms; seizures; alteration in EEG patterns; tinnitus. *Anticholinergic:* dry mouth, and rarely associated sublingual adenitis; blurred vision, disturbance of accommodation, mydriasis; constipation, paralytic ileus; urinary retention, delayed micturition, hypotonic bladder. *Allergic:* skin rash, petechiae, urticaria, itching, photosensitization, edema (of face and tongue or general), drug fever. *Hematologic:* agranulocytosis, eosinophilia, purpura, thrombocytopenia. *Gastrointestinal:* anorexia, nausea and vomiting, epigastric distress, peculiar taste, abdominal cramps, diarrhea, stomatitis, black tongue. *Endocrine:* gynecomastia; breast enlargement and galactorrhea in the female; increased or decreased libido, impotence, testicular swelling; elevation or depression of blood sugar levels. *Other:* jaundice (simulating obstructive), altered liver function; weight gain or loss; perspiration, flushing; urinary frequency, nocturia; parotid swelling; drowsiness, dizziness, weakness and fatigue, headache; alopecia. *Withdrawal Symptoms:* Though not indicative of addiction, abrupt cessation after prolonged therapy may produce nausea, headache and malaise.

Dosage and Administration: *The usual adult dose:* 50 mg. three times daily; increase if necessary after 7 to 10 days to maximum of 200 mg. daily. Dosages above 200 mg. per day are not recommended. *Maintenance:* At a lower dose adequate to maintain remission. *Adolescent and geriatric patient dose:* 25 to 50 mg. daily if necessary.

Overdosage: There is no specific antidote for desipramine, nor are there specific phenomena of diagnostic value characterizing poisoning by the drug. The principles of management of coma and shock by means of the mechanical respirator, cardiac pacemaker, monitoring of central venous pressure and regulation of fluid- and acid-base balance are well known in most medical centers. If heart failure is imminent, digitalize promptly.

How Supplied: Norpramin® (desipramine hydrochloride) *25 mg.*, sugar coated tablets, yellow, in bottles of 50, 500 and 1000 tablets. Norpramin® (desipramine hydrochloride) *50 mg.*, sugar coated tablets, light green, in bottles of 50, 250 and 1000 tablets.

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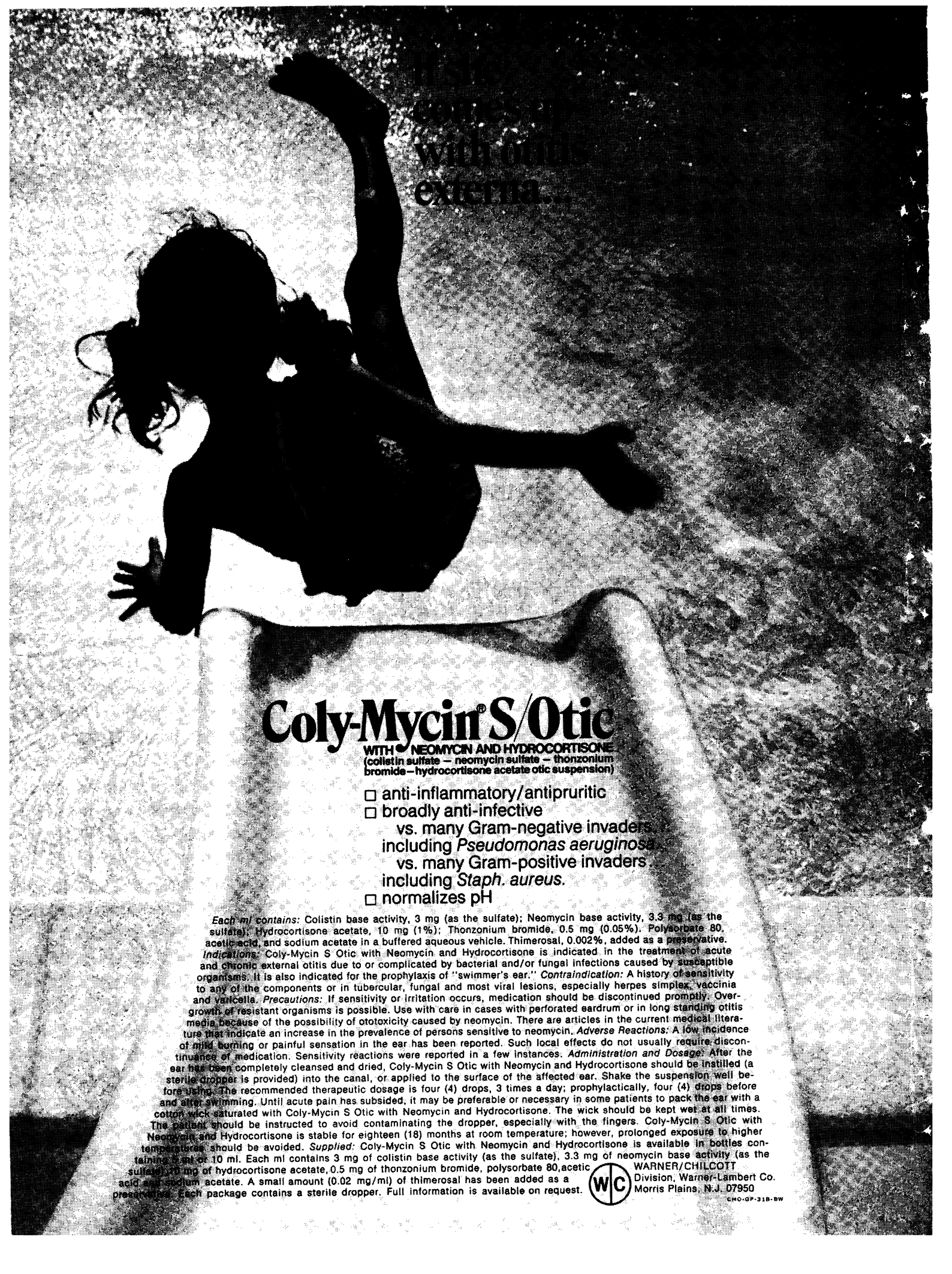
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□ anti-inflammatory/antipruritic
□ broadly anti-infective
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Each ml contains: Colistin base activity, 3 mg (as the sulfate); Neomycin base activity, 3.3 mg (as the sulfate); Hydrocortisone acetate, 10 mg (1%); Thonzonium bromide, 0.5 mg (0.05%). Polysorbate 80, acetic acid, and sodium acetate in a buffered aqueous vehicle. Thimerosal, 0.002%, added as a preservative. *Indications:* Coly-Mycin S Otic with Neomycin and Hydrocortisone is indicated in the treatment of acute and chronic external otitis due to or complicated by bacterial and/or fungal infections caused by susceptible organisms. It is also indicated for the prophylaxis of "swimmer's ear." *Contraindication:* A history of sensitivity to any of the components or in tubercular, fungal and most viral lesions, especially herpes simplex, vaccinia and varicella. *Precautions:* If sensitivity or irritation occurs, medication should be discontinued promptly. Overgrowth of resistant organisms is possible. Use with care in cases with perforated eardrum or in long standing otitis media because of the possibility of ototoxicity caused by neomycin. There are articles in the current medical literature that indicate an increase in the prevalence of persons sensitive to neomycin. *Adverse Reactions:* A low incidence of mild burning or painful sensation in the ear has been reported. Such local effects do not usually require discontinuance of medication. Sensitivity reactions were reported in a few instances. *Administration and Dosage:* After the ear has been completely cleansed and dried, Coly-Mycin S Otic with Neomycin and Hydrocortisone should be instilled (a sterile dropper is provided) into the canal, or applied to the surface of the affected ear. Shake the suspension well before using. The recommended therapeutic dosage is four (4) drops, 3 times a day; prophylactically, four (4) drops before and after swimming. Until acute pain has subsided, it may be preferable or necessary in some patients to pack the ear with a cotton wick saturated with Coly-Mycin S Otic with Neomycin and Hydrocortisone. The wick should be kept wet at all times. The patient should be instructed to avoid contaminating the dropper, especially with the fingers. Coly-Mycin S Otic with Neomycin and Hydrocortisone is stable for eighteen (18) months at room temperature; however, prolonged exposure to higher temperatures should be avoided. *Supplied:* Coly-Mycin S Otic with Neomycin and Hydrocortisone is available in bottles containing 5 ml or 10 ml. Each ml contains 3 mg of colistin base activity (as the sulfate), 3.3 mg of neomycin base activity (as the sulfate), 10 mg of hydrocortisone acetate, 0.5 mg of thonzonium bromide, polysorbate 80, acetic acid and sodium acetate. A small amount (0.02 mg/ml) of thimerosal has been added as a preservative. Each package contains a sterile dropper. Full information is available on request.
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CONTINUING MEDICAL EDUCATION ACTIVITIES IN CALIFORNIA AND HAWAII

COMMITTEE ON CONTINUING MEDICAL EDUCATION

THIS BULLETIN of information regarding continuing education programs and meetings of various medical organizations in California and Hawaii is supplied by the Committee on Continuing Medical Education of the California Medical Association. In order that they may be listed here, please send communications relating to your future meetings or postgraduate courses two months in advance to Committee on Continuing Medical Education, California Medical Association, 693 Sutter Street, San Francisco 94102; or phone (415) 776-9400, ext. 121. Note: Please see Vol. 117 No. 4, October, 1972 issue for a list of organizations approved for Category I Credit towards the CMA Certificate in Continuing Medical Education.

CANCER

September 14-15—**West Coast Cancer Symposium—9th Annual.** West Coast Cancer Foundation at Sheraton Palace Hotel, San Francisco. Friday-Saturday. $50. Contact: Jerome M. Vaeth, MD, Dir., WCCF, 2155 Webster St., No. 615, San Francisco 94115.

October 10-12—**Biology of Tumors.** UCSF. Wednesday-Friday.

November 12-15—**Cancer Chemotherapy.** UCSF and American College of Physicians at Westbury Hotel, San Francisco. Monday-Thursday.

November 16-17—**San Francisco Cancer Symposium of 1973.** Claire Zellerbach Saroni Tumor Institute of Mt. Zion Hospital and Medical Center at Stanford Court Hotel, San Francisco. Friday-Saturday. Contact: Mt. Zion Hospital and Medical Center, San Francisco. (415) 922-3823.

Continuously—**Tumor Conference.** UCSD at Pickard Auditorium, University Hospital, San Diego. Tuesdays, 4:00 p.m. Contact: Sidney Saltzstein, MD, University Hospital, San Diego. (714) 291-3330, ext. 1071.

Continuously—**Tumor Board—Harbor General Hospital.** CRMP Area IV and Harbor General Hospital at Pathology Conference Room, Harbor General Hospital, Torrance. Fridays 3-4 p.m. Advice and consultation from specialists in surgical, medical, and radiotherapeutic treatment of cancer. Practicing physicians invited to have patients presented for discussion. Contact: John Benfield, MD, Dept. of Surgery, Harbor General Hospital, 1000 W. Carson St., Torrance 90509. (213) 328-2380, ext. 281.

MEDICINE

September 4-5, 11-12—**Echocardiology.** Tuesday-Wednesday. 7:00-10:00 p.m.

September 8—**Hypertension.** USC. Saturday.

September 13-14—**Biomedical Electrode Technology Conference.** Cardiology Division, Stanford. Thursday-Friday.

September 14-15—**Symposium on Exercise.** San Francisco Heart Association at Del Webb Towne House, San Francisco. Friday-Saturday. 10 hrs. $35. Contact: SF Heart Assn., 259 Geary St., San Francisco 94102. (415) 982-5753.

September 17-21—**Recent Advances in Internal Medicine.** UCSF. Monday-Friday.

September 22—**Intensive Care Unit Return Day.** PMC. Saturday.

September 22—**Clinical Problems in Arthritis.** Woodland Clinic Medical Group, Woodland. Saturday. 6 hrs. $10. Contact: Carlton G. Reiley, MD, Woodland Clinic Med. Grp., 1207 Fairchild Ct., Woodland 95695. (916) 662-4641.

September 26-27—**Coronary Care.** USC. Wednesday-Thursday.

September 28-29—**Dermatologic Plastic Surgery.** See Surgery, September 28-29.

October 2—**American Geriatrics Society, Western Division.** See Of Interest to All, October 2.

KEY TO ABBREVIATIONS AND SYMBOLS

Medical Centers and CMA Contacts for Information

CMA: California Medical Association
Contact: Continuing Medical Education, California Medical Association, 693 Sutter Street, San Francisco 94102. (415) 776-9400, ext. 241.

LLU: Loma Linda University
Contact: John E. Peterson, MD, Associate Dean for Continuing Medical Education, Loma Linda University School of Medicine, Loma Linda 92354. (714) 796-7311.

PMC: Pacific Medical Center
Contact: Arthur Selzer, MD, Chairman, Education Committee, Pacific Medical Center, P.O. Box 7999, San Francisco 94120. (415) 563-4321.

STAN: Stanford University
Contact: Edward Rubenstein, MD, Associate Dean for Postgraduate Education, Stanford University School of Medicine, 300 Pasteur Drive, Stanford 94305. (415) 321-1200, ext. 5594.

UCD: University of California, Davis
Contact: George H. Lowrey, MD, Professor and Chairman, Department of Postgraduate Medicine, University of California, Davis, School of Medicine, Davis 95616. (916) 752-3170.

UCI: University of California, California College of Medicine, Irvine
Contact: Donald W. Shafer, MD, Assistant Coordinator, Continuing Medical Education, Regional Medical Programs, University of California, Irvine —California College of Medicine, Irvine 92664. (714) 833-5991.

UCLA: University of California, Los Angeles
Contact: Donald Brayton, MD, Director, Continuing Education in Medicine and the Health Sciences. P.O. Box 24902, UCLA, Los Angeles 90024. (213) 825-7241.

UCSD: University of California, San Diego
Contact: Richard A. Lockwood, MD, Associate Dean for Health Manpower, 1310 Basic Sciences Building, University of California, San Diego, School of Medicine, La Jolla 92037. (714) 453-2000, ext. 1251.

UCSF: University of California, San Francisco
Contact: Malcolm S. M. Watts, MD, Associate Dean, School of Medicine, University of California, San Francisco 94143. (415) 666-2342.

USC: University of Southern California
Contact: Phil R. Manning, MD, Associate Dean, Postgraduate Division, University of Southern California School of Medicine, 2025 Zonal Avenue, Los Angeles 90033. (213) 225-1511, ext. 203.

October 2-5—**Present Concepts in Internal Medicine.** Letterman Army Medical Center, Presidio, San Francisco. 30 hrs. No fee. Tuesday-Friday. Contact: Col. John Deller, Dept. of Med., Box 9, Letterman Army Med. Ctr., San Francisco. (415) 561-4275.

October 3—**George C. Griffith Scientific Lecture—6th Annual.** Los Angeles County Heart Assn. at Hilton Hotel, Los Angeles. Wednesday. Contact: Shahidullah Khan, LACHA, 2405 W. 8th St., Los Angeles 90057. (213) 385-4231.

October 3-4—**Los Angeles County Heart Association Fall Symposium—41st Annual.** Hilton Hotel, Los Angeles. Wednesday-Thursday. $55. 12 hrs. Contact: Shahidullah Khan, LACHA, 2405 W. 8th St., Los Angeles 90057. (213) 385-4231.

October 4-6—**Western Industrial Medical Association.** See Of Interest to All, October 4-6.

October 8-11—**Endocrinology and Metabolism.** UCSF. Monday-Thursday.

October 9—**New Insights into Hemophilia and Von Willebrand's Disease.** UCSF at Carr Auditorium, San Francisco General Hospital. Tuesday.

October 10—**Non-Invasive Cardiovascular Procedures.** USC. Wednesday.

October 10—**Psychogenic Purpura.** UCSF. Wednesday.

October 10-12—**Physiological Approach to Management of Valvular and Ischemic Heart Disease.** UCLA. Wednesday-Friday.

October 11-13—**Symposium on Heart Disease—43rd Annual.** San Francisco Heart Association at Sheraton Palace Hotel, San Francisco. Thursday-Saturday. 15 hrs. $35. Contact: Frances MacKinnon, Dir., Community Programs, SF Heart Assn., 259 Geary St., San Francisco 94102. (415) 982-5753.

October 11-14—**California Society of Internal Medicine—Annual Meeting.** Bahia Hotel, San Diego. Thursday-Sunday. Contact: Carol Handley, Exec. Sec., CSIM, 703 Market St., Suite 1412, San Francisco 94103. (415) 362-1548.

October 12-14—**Western Dialysis and Transplant Society.** See Surgery, October 12-14.

October 13-14—**Physiology of Respiration.** UCSF. Saturday-Sunday.

October 18-20—**Sacramento-Yolo-Sierra County Heart Association Scientific Symposium.** Cal-Neva Lodge, North Lake Tahoe. Thursday-Saturday. Contact: Harold M. Lowe, M.D., Pres., P.O. Box 16011, Sacramento 95816. (916) 444-8650.

October 18-20—**Heart Disease: Practical Diagnosis and Management.** UCSD at Town and Country Hotel, San Diego. Thursday-Saturday.

October 21-27—**American College of Gastroenterology.** Biltmore Hotel, Los Angeles. Sunday-Saturday. Contact: Mr. Daniel Weiss, Exec. Dir., ACG, 299 Broadway, New York, N.Y. 10007.

October 24—**Thyroidology.** USC. Wednesday.

October 25-27—**Cardio-Respiratory Care Symposium.** Orange County Heart Association at Disneyland Convention Center, Anaheim. Thursday-Saturday. 17 hrs. $45. Contact: Marilyn Taylor, Prog. Dir., OCHA, P.O. Box 1704, Santa Ana. (714) 547-3001.

October 26-27—**Internal Medicine Symposium—Pulmonary Disease and Infectious Disease.** Southern Calif. Permanente Medical Group at Century Plaza Hotel, Los Angeles. Friday-Saturday. Contact: Shirley Gach, Dept. of Education and Research. So. Calif Permanente Med. Grp., 4900 Sunset, Room 6014, Los Angeles 90027.

October 27-28—**Psychiatry in Medicine, Surgery and the Specialties.** See Psychiatry, October 27-28.

November 1-3—**West Coast Allergy Society—Annual Scientific Meeting.** Ala Moana Hotel, Honolulu. Thursday-Saturday. $35 for members, $40 for non-members. Contact: E. Donald Lynch, MD, Program Chairman, WCAS, 2164 S. W. Park Pl., Portland, Ore. 97205. (503) 226-1555.

November 2-4 — **Critical Care Medicine.** USC and American College of Physicians. Friday-Sunday. Contact: USC.

November 2-4—**Cardiology 1973.** University of Hawaii School of Medicine at Princess Kaiulani Hotel, Honolulu. Friday-Sunday. Contact: T. K. Lin, MD, Univ. of Hawaii Sch. of Med., Honolulu, Hawaii.

November 5-14—**Cardiology for the Consultant.** American College of Cardiology at Rancho Santa Fe Inn, Rancho Santa Fe. 10 days. Contact: Miss Mary Anne McInerny, ACC, 9650 Rockville Pike, Bethesda, Md. 22014. (301) 530-1600.

November 7—**Psychosomatic Considerations in Diabetes and Peptic Ulcers.** See Psychiatry, November 7.

November 11—**Symposium on Head and Neck—5th Annual.** Granada Hills Community Hospital and UCI at California State University, Northridge. Sunday. 8 hrs. $10. Contact: Arno A. Roscher, MD, Prog. Chr., Granada Hills Comm. Hosp., 10445 Balboa Blvd., Granada Hills 91344. (213) 360-1021.

November 12-16—**Pediatric Allergy.** UCSF. Monday-Friday.

November 15—**Symposium on Respiratory Care.** Lung Association of San Mateo County at Airport Marina Hotel, San Francisco International Airport. Thursday. 6 hrs. $15. Contact: Lung Assn. of San Mateo County, 2250 Palm Ave., San Mateo 94403. (415) 349-1111.

November 28-30—**Respiratory Failure Workshop.** USC. Wednesday-Friday.

December 1-2—**Kidney Function.** UCSF. Saturday-Sunday.

December 5-6—**Coronary Rehabilitation.** USC. Wednesday-Thursday.

December 6-8—**Advances in Heart Disease 1974.** UCD at Hilton Hotel, San Francisco. Thursday-Saturday.

December 7-9—**Fluid and Electrolyte.** UCS at Erawan Hotel, Palm Springs. Friday-Sunday.

December 10-11—**ECG Vectors.** USC. Monday-Tuesday.

Continuously—**Bedside Clinics.** USC. Thursdays, 7:30-9:30 p.m. September 20-December 13.

Continuously—**Differential Diagnosis in Internal Medicine.** USC. Fourth Thursday of each month, 7:30-10:00 p.m. September 27, 1973-May 30, 1974.

Continuously—**Renal Dialysis Traineeships.** UCSF. By special arrangement.

Continuously—**Preceptorships in Biochemistry and Biophysics.** UCSF. By arrangement.

Continuously—**Clinics in Dermatology.** UCSF. By arrangement.

Continuously — **Cardiovascular Seminars.** Mondays at 4:30 p.m. in the second floor lecture hall, Basic Science Building, UCSD. Contact: UCSD.

Continuously—**Preceptorships in Cardiology.** American College of Cardiology and PMC. By arrangement. Contact: Arthur Selzer, MD, PMC; or Miss Mary Anne McInerny, ACC, 9650 Rockville Pike, Bethesda, Md. 20014. (301) 530-1600.

Continuously—**Biomedical Lecture Series.** UCSD. Specified Wednesday at 8:00 p.m. For schedule contact UCSD.

Continuously—**Joint Continuing Medical Education Programs for South Bay Hospitals.** UCSD, Bay General Hospital, Chula Vista Community Hospital, Coronado Hospital, Paradise Valley Hospital and CRMP. Programs to be held at various hospitals. Contact: UCSD.

Continuously—**Neurology Conference.** San Joaquin General Hospital, Stockton. Mondays, 10:00-11:30 a.m. in Conference Room 2. Contact: J. David Bernard, MD, FACP, Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Continuously—**Renal Conference.** San Joaquin General Hospital, Stockton. First Thursday of each month, 11:00 a.m. to 12:00 noon, Conference Room 2. Contact: J. David Bernard, MD, FACP, Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Continuously—**Cardiology Conference.** San Joaquin General Hospital, Stockton. Third Wednesday of each month, 10:00-11:30 a.m., Conference Room 1. Contact: J. David Bernard, MD, FACP, Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Continuously—**Seminar in Clinical and Public Health Aspects of Chest Diseases.** Harbor General Hospital and CRMP Area IV at Harbor General Hospital, Torrance. Three-hour sessions on second Friday of each month, 9-12 a.m., B-3 classroom, Chest Wards. Presentation of patients demonstrating medical, social, and public health aspects of chest disease, followed by discussion of cases. Course open to physicians, nurses, social workers and personnel concerned with detection and management of patients with chest disease. No fee. Contact: Matthew Locks, MD, Dir., Chest Ward Service, Harbor General Hospital, 1000 W. Carson St., Torrance 90509. (213) 328-2380, ext. 1245.

Continuously—**Training of Physicians in Modern Concepts of Pulmonary Care.** CRMP Area VI, LLU and Riverside General Hospital. Four weeks or more, scheduled by arrangement. Diagnostic and therapeutic methods in medical chest disease, physiological methodology of modern pulmonary care programs, use of new instrumentation in the field. 160 hrs. Contact: George C. Burton, MD, LLU.

Continuously—**Neurological Sciences.** St. Francis Hospital of Lynwood. Wednesdays, 7:30-8:30 a.m. Presentations of radiological evaluations and pathological specimens of current material and review of current topics in specialty. Weekly notification of cases available. Contact: Ralph Miller, Admin. Asst., St. Francis Hospital of Lynwood, 3620 Imperial Hwy., Lynwood 90262. (213) 639-5111, ext. 365.

Continuously—**Continuing Education in Internal Medicine—Harbor General Hospital.** CRMP Area IV and Harbor General Hospital at Harbor General Hospital, Torrance. Thursdays 12:00-1:00 p.m. Systematic review of internal medicine, lectures by faculty and visiting professors. Contact: A. James Lewis, MD, Program Dir., Harbor General Hospital, 1000 W. Carson St., Torrance 90509. (213) 328-2380, ext. 647.

Continuously—**Training for Physicians in General Internal Medicine.** CRMP Area VI and LLU at LLU. Four weeks or more, scheduled by arrangement. Bedside and classroom training, practical aspects of clinical care and management. 160 hrs. Contact: LLU.

Continuously—**EKG Conference.** St. Francis Hospital of Lynwood, Lynwood. Presented the first Thursday of each month, 12:00-1:30 p.m. A presentation of cases and pathology of recent coronary patients. Contact: Ralph Miller, Admin. Asst., St. Francis Hospital of Lynwood, 3630 Imperial Hwy., Lynwood 90262. (213) 639-5111, ext. 365.

Continuously—**Cardio-angiography Conference.** St. Francis Hospital of Lynwood, Lynwood. Presented the second and fourth Thursday of each month, 12:00-1:30 p.m. Contact: Ralph Miller, Admin. Asst., St. Francis Hospital of Lynwood, 3630 Imperial Hwy., Lynwood 90262. (213) 639-5111, ext. 365.

Continuously—**Basic Home Course in Electrocardiography.** One year postgraduate series, ECG interpretation by mail. Physicians may register at any time. $125 (52 issues). Contact: USC.

Continuously—**Cardiology Conferences — CRMP Area III.** Monthly, 2:30-5:30 p.m. at Room M112, Stanford Medical Center, Stanford. Conferences including case presentations of local complicated cardiological problems. Contact: William J. Fowkes, Jr., MD, 703 Welch Road, Suite G1, Palo Alto 94304. (415) 321-1200, ext. 6015.

Grand Rounds—Medicine

Tuesdays

8:30-10:00 a.m., Assembly Hall, Harbor General Hospital, Torrance. UCLA.

Neurologist in Chief Rounds. 12:30 p.m., 6 East, University Hospital of San Diego County, San Diego. UCSD.

Wednesdays

8:00 a.m., A Level Amphitheater, LLU Hospital, LLU.

1st Wednesday of each month, 10:00-11:15 a.m., Conference Room 1, San Joaquin General Hospital, Stockton.

10:30-12 noon. Auditorium, Medical Sciences Building. UCSF.

11:00 a.m., Room 1645, Los Angeles County-USC Medical Center. USC.

12:30 p.m., Auditorium, School of Nursing, Orange County Medical Center. UCI.

12:30-1:30 p.m., University Hospital, UCSD.

12:30-1:30 p.m., Building 22, VA Hospital, Sepulveda.

Thursdays

8:00 a.m., Sacramento Medical Center, Sacramento. UCD.

8:30 a.m., First Floor Auditorium, Harbor General Hospital, Torrance.

10:30-12:00 noon, Room 63-105, UCLA Medical Center. UCLA. Second, Third, and Fourth Thursdays.

Neurology. 11:00 a.m., 664 Science, UCSF.

Neurology. 12:30 p.m., University Hospital of San Diego County, San Diego. UCSD.

4th Thursday of each month, 12:30 p.m. in lower conference room, Huntington Intercommunity Hospital, Huntington Beach.

Fridays

8:00 a.m., Auditorium, First Floor, Kern County General Hospital, Bakersfield. UCLA.

8:30 a.m., Auditorium, Lebanon Hall, Cedars of Lebanon Hospital, Los Angeles. UCLA. Second and Fourth Fridays.

Neurology. 8:30 a.m., held alternately at Stanford University Hospital and Neurology Conference Building 7, VA Hospital, Palo Alto. STAN.

1st and 3rd Fridays, 8:30 a.m., Auditorium, Brown Building, Mount Sinai Hospital, Los Angeles. UCLA.

Clinicopathologic Conference. 1st Friday, 12:00-1:30 p.m., Staff Room, St. Mary's Long Beach Hospital, Long Beach.

Internal Medicine. 2nd, 3rd, and 4th Fridays, 12:00-1:30 p.m., Staff Room, St. Mary's Long Beach Hospital, Long Beach.

1:15 p.m., Lieb Amphitheater, Timken-Sturgis Research Bldg., La Jolla. Scripps Clinic and Research Foundation.

Rheumatology. 11:45 a.m., Room 6441, Los Angeles County-USC Medical Center, Los Angeles. USC.

OBSTETRICS AND GYNECOLOGY

September 20-22—**Modern Trends in Obstetrics and Gynecology.** UCSF at Hilton Hotel, San Francisco. Thursday-Saturday.

September 29—**Fall Seminar in Obstetrics and Gynecology—13th Annual.** Shufelt Society of Santa Clara County at Santa Clara County Service Center, 1555 Berger Drive, San Jose. Saturday. 6 hrs. $25. Contact: H. S. Parks, MD, Sec'y., 15955 Samaritan Dr., #504, San Jose 95124. (408) 356-1151.

October 4-6—**Fetal Monitoring.** USC. Thursday-Saturday.

October 17-20 — **Obstetric/Gynecology Review.** USC. Wednesday-Saturday.

October 24-28—**Pacific Coast Fertility Society—Annual Meeting on Reproduction.** Riviera Hotel, Palm Springs. Wednesday-Sunday. Contact: Dee Davis, Exec. Dir., PCFS, 5410 Wilshire Blvd., Los Angeles 90036. (213) 931-1621.

November 12-13—**Seminar on New Horizons in Perinatal Intensive Care.** RMP Area IV, UCLA; Depts. of Pediatrics and Obstetrics, Harbor General Hospital at Disneyland Hotel, Anaheim. Monday-Tuesday. Contact: William Oh, MD, Harbor General Hospital, Dept. of Pediatrics, 1000 W. Carson, Torrance. (213) 328-2380, ext. 573.

Continuously—**Preceptorships in Obstetrics and Gynecology—Aspiration Abortion.** UCSF. By arrangement.

Continuously—**Ob/Gyn Conference.** San Joaquin General Hospital, Stockton. Mondays, 12:00-1:30 p.m. in Doctors' Dining Room. Contact: J. David Bernard, MD, FACP, Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Grand Rounds—Obstetrics and Gynecology

Mondays

10-11:30 a.m., Assembly Room, First Floor, Harbor General Hospital, Torrance. UCLA.

10:30 a.m., Auditorium, Women's Hospital, Los Angeles County-USC Medical Center, Los Angeles. USC.

12:00 noon, A Level Amphitheater, LLU Hospital, LLU.

Tuesdays

9:00 a.m., Fifth Floor Auditorium, Room 53-105, UCLA Medical Center. UCLA.

Wednesdays

8:00 a.m., Conference Room, Sacramento Medical Center, Sacramento. UCD.

Fridays

8:00 a.m., Auditorium, Orange County Medical Center. UCI.

Saturdays

8:00 a.m., Executive Dining Room, University Hospital of San Diego County, San Diego. UCSD.

PEDIATRICS

August 15-19—**Advanced Seminar in Pediatric Urology.** See Surgery, August 15-19.

September 19-20—**Brennemann Memorial Lectures—30th Annual.** Los Angeles Pediatric Society at Sportsmen's Lodge, North Hollywood. Wednesday-Thursday. 8 hours. Contact: Mrs. Eve Black, Exec. Secy., LAPS, P.O. Box 2022, Inglewood 90305. (213) 757-1198.

September 20-22—**Oakland's Children's Hospital Medical Center—Annual Meeting.** Highlands Inn, Carmel. Thursday-Saturday. $50. Topics will include Gastrointestinal Tract in Children, Malabsorption in Childhood, Chronic Constipation and Megacolon, Management of Ulcerative and Granulomatosis Colitis. Contact: Inetta Carty, Children's Hospital Medical Center, 51st & Grove Sts., Oakland 94609. (415) 654-5600.

November 10-11—**New Advances in Pediatric Neurology.** See Surgery, November 10-11.

November 12-13—**Seminar on New Horizons in Perinatal Intensive Care.** See Obstetrics and Gynecology, November 12-13.

November 12-16—**Pediatric Allergy.** See Medicine, November 12-16.

November 14-15—**Newborn Care.** USC. Wednesday-Thursday.

November 17-18—**Health of the School Child Upgraded.** UCSF. Saturday-Sunday.

Continuously—**Perinatal Conference.** Earl and Loraine Miller Children's Hospital, Long Beach. Fridays, 12:30 p.m., Conference Room. Contact: Marguerite Markarian, MD, Dir. of Nurseries, Memorial Hospital Medical Center, 2801 Atlantic Ave., Long Beach 90801. (213) 595-3261.

Continuously—**Pediatric Clinical Conference.** Earl and Loraine Miller Children's Hospital, Long Beach. Fridays, 8:00 a.m., Conference Room "H." Contact: Harry W. Orme, MD, Med. Dir., Memorial Hospital Medical Center, 2801 Atlantic Ave., Long Beach 90801. (213) 595-3228.

Continuously—**Preceptorships in Pediatrics.** UCSF. By arrangement.

Continuously—**Pediatric Cardiology Conference.** UCSD, Third Floor Conference Room, University Hospital. Clinical review of cases planned for the week, Tuesdays at 7:30 a.m.; Clinical review of data obtained, Fridays at 1:30 p.m. Contact: UCSD.

Continuously—**Pediatric Research Seminar.** UCSD. Mondays, 12:00 noon-1:00 p.m.

Continuously—**Pediatrics Clinical Conference.** San Joaquin General Hospital, Stockton. Wednesdays, 10:00-11:15 a.m., Conference Room 3. Contact: J. David Bernard, MD, FACP, Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Continuously—**Pediatric-Cardiology Conference.** San Joaquin General Hospital, Stockton. Third Thursday of each month, 9:30-11:00 a.m., Conference Room 2. Contact: J. David Bernard, MD, FACP, Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Continuously—**Pediatric Conference.** Cedars-Sinai Medical Center, Los Angeles. Thursdays weekly, 8:30-9:30 a.m. Contact: B. M. Kagan, MD, Lebanon Hall, Cedars-Sinai Med. Center, 4833 Fountain Ave., Los Angeles 90029. (213) 662-9111, ext. 181.

Grand Rounds—Pediatrics

Tuesdays

8:00 a.m., Children's Hospital Medical Center, Oakland.

8:00 a.m., Auditorium, Pediatric Pavilion, Los Angeles County-USC Medical Center, Los Angeles. USC.

8:30 a.m., Room 4-A, Kern County General Hospital, Bakersfield. UCLA.

8:30 a.m., Pathology Auditorium, San Francisco General Hospital.

8:30 a.m., University Hospital of San Diego County, San Diego. UCSD.

12:00 noon, A Level Amphitheater, LLU Hospital, LLU.

Wednesdays

8-9:00 a.m., held alternately at Auditorium, Orange County Medical Center and Auditorium, Children's Hospital of Orange County. UCI.

8:30 a.m., Bothin Auditorium, Children's Hospital, San Francisco.

Thursdays

8:30-10:00 a.m., Room 664, Science Building, UCSF.

8:30-9:30 a.m., Lebanon Hall, Cedars of Lebanon Hospital, Los Angeles.

Fridays

8:00 a.m., Lecture Room, A Floor, Health Sciences Center, UCLA.

8:00 a.m., Sacramento Medical Center, Sacramento. UCD.

8-9:00 a.m., Lecture Hall, Children's Hospital of Los Angeles.

8:30 a.m., Room M104, Stanford University Medical Center, STAN.

9:30-11:00 a.m., Conference Room 2, San Joaquin General Hospital, Stockton.

Infectious Disease. 10:00 a.m., Auditorium, Children's Division Building, Los Angeles County-USC Medical Center, Los Angeles. USC.

PSYCHIATRY

September 15-16—**Biofeedback.** UCSF. Saturday-Sunday.

September 22—**Stress.** UCSF. Saturday.

October 15-19—**Group Therapy.** UCSF. Monday-Friday.

October 27-28—**Psychiatry in Medicine, Surgery and the Specialties.** UCSF at Fresno Community Hospital, Fresno. Saturday-Sunday.

November 7—**Psychosomatic Considerations in Diabetes and Peptic Ulcers.** LLU. Wednesday.

Continuously—**Preceptorships in Psychiatry.** UCSF. By arrangement.

Continuously—**Southern California Psychiatric Society—Monthly Scientific Program.** SCPS at UCLA—NPI. Second Monday of September, November, December 1973. 8:00 p.m. Contact: Pamela Underwood, Exec. Sec., SCPS, 9713 Santa Monica Blvd., Beverly Hills 90210. (213) 271-7219.

Grand Rounds—Psychiatry

Wednesdays

10:30 a.m., Sacramento Medical Center, Sacramento. UCD.

RADIOLOGY AND PATHOLOGY

September 16—**Radiology Symposium—Congenital and Acquired Heart Disease.** Southern Calif. Permanente Medical Group at Beverly Hilton Hotel, Los Angeles. Sunday. Contact: Shirley Gach, So. Calif. Permanente Med. Grp., Dept. of Education and Research, 4900 Sunset, Room 6014, Los Angeles 90027.

November 3—**Electrophoresis.** UCSF. Saturday.

Continuously—**Radiology Film Reading Sessions.** Orange County Radiology Society and Orange County Medical Center at Orange County Medical Center, Orange. 1st Tuesday of each month, September-June, 7:30-9:00 p.m. Contact: Edward J. Miller, MD, 301 Newport Blvd., Newport Beach. (714) 645-8600.

Continuously—**Cytopathology Seminars.** UCSF. 2nd Thursday of each month, September-June. 5:00-6:00 p.m. Contact: Eileen King, MD, Dept. of Pathology, UCSF. (415) 666-2919.

Continuously—**Cytopathology Tutorial Program.** UCSF. Courses may be arranged throughout the year on the basis of individual needs and goals; fees are prorated accordingly. Arrangements should be discussed with instructor, Eileen B. King, MD, Dept. of Pathology, UCSF. (415) 666-2919.

Continuously—**Principles and Clinical Uses of Radioisotopes.** UCSF. Fundamentals for the proper understanding and use of radioactivity in clinical medicine. Training in diagnostic and therapeutic uses of radioisotopes. Normal period of training: 3 months. Two-part course: Part A, Basic Fundamentals; Part B, Clinical Applications.

Continuously—**Scintillation Camera Workshop.** UCSF. Workshops provided for physicians and nuclear medicine technologists by special arrangement, limited to 30 trainees per workshop. One- or two-day intensive training periods, basic instruction in scintillation camera theory, scintographic principles and scintiphotographic interpretations. $50. Contact: UCSF.

Continuously — **Scintiphotograph Interpretation.** UCSF and Nuclear Medicine Section, Department of Radiology, UCSF. By special arrangement, designed to furnish physicians with an opportunity to participate in the daily activities of a university laboratory. Two-week training period participation in daily interpretation conferences, correlation conferences, routine training conferences. $175. Contact: UCSF.

Grand Rounds—Radiology-Pathology

Mondays

Pathology. 1:00 p.m., Sacramento Medical Center, Sacramento. UCD.

SURGERY AND ANESTHESIOLOGY

August 15-19—**Advanced Seminar in Pediatric Urology.** UCLA at University Conference Center, Lake Arrowhead. Wednesday-Sunday.

September 19—**Office Orthopedics—Sore Back.** USC. Wednesday.

September 22—**Clinical Problems in Arthritis.** See Medicine, September 22.

September 28-29—**Dermatologic Plastic Surgery.** UCSF. Friday-Saturday.

October 6—**Ophthalmic Skill Workshop.** PMC. Saturday.

October 7-11—**American Society of Anesthesiologists—Annual Meeting.** Hilton Hotel, San Francisco. Sunday-Thursday. Contact: Mr. John Andes, Exec. Sec., ASA, 515 Busse Highway, Park Ridge, Ill. 60068.

October 7-19—**Temporal Bone Surgical Dissection Course.** Los Angeles Foundation of Otology at 2130 W. Third St., Los Angeles. 13 days. $1,000; $750 for residents. Contact: Jack L. Pulec, MD, LAFO, 2130 W. Third St., Los Angeles 90057. (213) 483-4431.

October 12-14—**Western Dialysis and Transplant Society—4th Annual Meeting.** Hilton on Mission Bay, San Diego. Friday-Sunday. Contact: John R. De Palma, MD, Renal Medical Group, 16542 Ventura Blvd., Suite 402, Encino 91316. (213) 981-4351.

October 21-25—**Western Orthopedic Association.** Town and Country Hotel, San Diego. Sunday-Thursday. Contact: Miss Vi Mathiesen, Exec. Sec., WOA, 354 21st St., Oakland 94612. (415) 893-1257.

October 27-28—**Psychiatry in Medicine, Surgery and the Specialties.** See Psychiatry, October 27-28.

November 1-2—**Strabismus.** PMC at Fairmont Hotel, San Francisco. Thursday-Friday.

November 3—**Anesthesiology Symposium.** Southern Calif. Permanente Medical Group at Airport Marina Hotel, Los Angeles. Saturday. Contact: Shirley Gach, So. Calif. Permanente Med. Grp., Dept of Education and Research, 4900 Sunset, Room 6014, Los Angeles 90027.

November 10-11—**Recent Advances in Pediatric Neurology.** UCLA. Saturday-Sunday.

November 11—**Symposium on Head and Neck.** See Medicine, November 11.

November 13-16—**Femur, Injuries and Complications.** USC and American Academy of Orthopaedic Surgeons at Gene Autry Hotel, Palm Springs. Tuesday-Friday. Contact: Marvin H. Meyers, MD, 1200 N. State St., Los Angeles 90033.

November 30-December 2—**Electronstagmography.** PMC at Mark Hopkins Hotel, San Francisco. Friday-Sunday. $275. 24 hrs.

December 5-7—**Corneal Diseases—Annual Ophthalmology Course.** UCSF. Wednesday-Friday.

December 5-8—**Life Saving Measures for the Critically Injured.** San Francisco General Hospital, Surgical Service, Committee on Trauma, American College of Surgeons at Hyatt House Hotel, San Francisco. Wednesday-Saturday. $125. 18 hrs. Contact: F. William Blaisdell, M.D., Chief of Surgical Service, S.F. General Hospital, San Francisco. (415) 648-8200, ext. 465.

Continuously—**Mini Residencies in Orthopaedics.** STAN. Postgraduate trainee-ships of 4-14 days duration, as you wish. No tuition but donations accepted. Contact: Orthopaedic Division, Dept. of Surgery, Stanford.

Continuously—**Thoracic Surgery Conference.** San Joaquin General Hospital, Stockton. 4th Wednesday of each month. 9:00 a.m.-10:30 a.m. Contact: J. David Bernard, MD, Dir. Med. Ed., San Joaquin General Hospital, Stockton 95201. (209) 982-1800.

Continuously—**Los Angeles Urological Society.** At LACMA. March through December 1973. First Tuesday of each month. Contact: Ann P. Sire, Exec. Secy., P.O. Box 1974, Altadena 91001. (213) 225-3115, ext. 1411.

Continuously—**Orthopedic Trauma Conference.** USC at Los Angeles County-USC Medical Center. Mondays, 7:00-9:00 p.m. Contact: Dept. of Orthopedics, USC School of Med., 2025 Zonal Ave., Los Angeles 90033. (213) 225-3131.

Continuously—**Preceptorships in General Surgery.** UCSF. By arrangement.

Continuously—**Preceptorships in Neurological Surgery.** UCSF. By arrangement.

Continuously—**Preceptorships in Urology.** UCSF. By arrangement.

Continuously—**Training for Physicians in Nephrology.** CRMP Area VI and LLU at LLU. Courses of four weeks or more available, to be scheduled by arrangement. Hemodialysis, peritoneal dialysis, renal biopsy, and kidney transplantation. 160 hrs. Contact: Stewart W. Shankel, MD, LLU.

Continuously—**Thoracic Surgery Conference.** San Joaquin General Hospital, Stockton. Fourth Wednesday of each month, 9:00-10:30 a.m., Conference Room 1. Contact: J. David Bernard, MD, FACP, Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Continuously—**Medical Surgical Combined Conference.** San Joaquin General Hospital, Stockton. Second Wednesday of each month, 10:00-11:15 a.m., Conference Room 1. Contact: J. David Bernard, MD, FACP, Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Continuously—**Orthopaedic Audio-Synopsis Foundation.** A non-profit service for Orthopaedic Surgeons publishing monthly recorded teaching programs which include summaries of pertinent literature and excerpts from national and international orthopaedic meetings. Twelve monthly c-60 cassette tapes. Annual subscription rate $72 ($36 for residents). Contact: A. Harris, Man. Ed., OASF, 1510 Oxley St., So. Pasadena 91030. (213) 682-1760.

Grand Rounds—Surgery

Tuesdays

Orthopedic Surgery. 8:00 a.m., Sacramento Medical Center, Sacramento. UCD.

Urology. 7:30 a.m., Sacramento Medical Center, Sacramento. UCD.

Wednesdays

7:15 a.m., Auditorium, Kern County General Hospital, Bakersfield. CRMP Area IV.

8:00-10:00 a.m., San Joaquin General Hospital, Stockton.

1st and 3rd Wednesdays. 11:00 a.m., Auditorium, Brown Building, Mount Sinai Hospital, Los Angeles. UCLA.

3:30 p.m., Sacramento Medical Center, Sacramento. UCD.

Thursdays

Neurology and **Neurosurgery.** 11:00-12:15, Room 663, Science Building, UCSF.

Fridays

1:00-2:00 p.m., Auditorium, Orange County Medical Center, Orange. UCI.

Neurosurgery. 9:30 a.m., held alternately at Stanford University Hospital and Neurology Conference Building 7, VA Hospital, Palo Alto. STAN.

Saturdays

8:00 a.m., Auditorium, 1st floor, University Hospital of San Diego County, San Diego, UCSD.

Urology. 8:00 a.m., 3rd floor conference room, University Hospital of San Diego County, San Diego. UCSD.

8:30 a.m., Assembly Room, Harbor General Hospital, Torrance. CRMP Area IV.

9:00 a.m., Room 73-105, Health Sciences Center, UCLA.

Orthopedics. 10:00 a.m. Auditorium of the Children's Division, Los Angeles County-USC Medical Center. The third Saturday of each month. USC.

OF INTEREST TO ALL PHYSICIANS

August 27-31—**Family Practice.** UCD at Olympic Village, Squaw Valley. Monday-Friday.

September 4-9—**Family Practice.** UCI at Newporter Inn, Newport Beach. Tuesday-Sunday. $160. 44 hrs.

September 10-21—**Family Practice.** USC. Two weeks.

September 14-15—**Symposium on Exercise.** See Medicine, September 14-15.

September 16-18—**Infection Control Workshop.** Calif. Lung Assn., Calif. Hosp. Assn., Calif. Med. Assn., Calif. Dept. of Health, Northern Calif. Practitioners of Infection Control at Asilomar Conference Grounds, Pacific Grove. Sunday-Tuesday. 12 hrs. $20. Registration deadline is August 30. Contact: Mr. Ken Langley, Calif. Lung Assn., 424 Pendleton Way, Oakland 94621. (415) 636-1756.

September 21—**Computers in Patient Care.** USC. Friday.

September 22—**Being a Physician in Our Time—The Importance of Counselling.** Santa Clara County Chapter, American Academy of Family Physicians at Hyatt House Hotel, San Jose. Saturday. 8 hrs. Contact: Gene M. Levitz, MD, 5150 Graves Ave., San Jose 95129. (408) 257-2353.

September 22—**Clinical Problems in Arthritis.** See Medicine, September 22.

September 22-26—**Pan American Medical Women's Alliance—13th Congress.** Sir Francis Drake Hotel, San Francisco. Wednesday-Sunday. Contact: Marjory C. Folinsbee, MD, 33 Park Hill, San Francisco 94117. (415) 431-8285.

October 2—**American Geriatrics Society, Western Division—2nd Annual Meeting.** Hilton Hotel, Los Angeles. Tuesday. $25. Contact: Mrs. Edward Henderson, Exec. Dir., AGS, 10 Columbus Circle, New York, N.Y. 10019. (212) 582-1333.

October 2-November 27—**Evening Lectures in Medicine.** UCSF at Oakland Hospital, 27th Ave. and E. 14th St., Oakland. Tuesdays, 8:00-10 p.m. $60. 16 hrs. Subjects include skin tumors, venereal disease, fluid

balance, hepatitis, cancer, and other topics of general interest.

October 4-6—**Western Industrial Medical Association.** St. Francis Hotel, San Francisco. Thursday-Saturday. Contact: Mr. B. H. Bravinder, P.O. Box 201, Alamo 94507.

October 5-14—**Associated Alumni, California College of Medicine, UCI—Annual Convention.** The Kauai Surf Hotel, Kauai, Hawaii. 10 days. Contact: Kay Stewart, Exec. Dir., Associated Alumni, Calif. College of Med., Irvine 92664. (714) 776-8820.

October 12-13—**Sports Medicine.** USC. Friday-Saturday.

October 18-19—**Seminar on Medical Jurisprudence.** VA Hospital and UCI at VA Hospital, Long Beach. Thursday-Friday. 8 hrs. No fee. Contact: E. A. Reed, MD, JD, FCLM, Chief, Outpatient Service, VA Hosp., 5901 E. 7th St., Long Beach 90801. (213) 498-1313.

October 18-20—**Family Practice Review.** UCSF at Mary's Help Hospital, Daly City. Thursday-Saturday.

October 20-21—**Clinical Acupuncture.** UCLA. Saturday-Sunday.

October 28-31—**California Academy of Family Physicians—Annual Scientific Assembly.** Masonic Memorial Temple, San Francisco. Sunday-Wednesday. Contact: Mr. William W. Rogers, Exec. Sec., CAFP, 9 First St., San Francisco 94105. (415) 982-6091.

October 29-November 2—**Intensive Care.** STAN. Monday-Friday.

November 3—**Business Management.** UCLA. Saturday.

November 10—**New Directions in Health Sciences Education.** UCSF. Saturday.

December 1—**Family Practice Symposium.** Southern Calif. Permanente Medical Group at Hilton Hotel, Los Angeles. Saturday. Contact: Ms. Shirley Gach, Symposium Coordinator, Education and Research, So. Calif. Perm. Med. Grp., 4900 Sunset Blvd., Los Angeles 90027.

December 5-8—**Life Saving Measures for the Critically Injured.** See Surgery, December 5-8.

Continuously—**Bedside Clinics.** See Medicine, Continuously.

Continuously—**Family Health Program—Southern California.** 2925 N. Palo Verde, Long Beach. Second Friday of each month. 1:00-2:00 p.m. Contact: UCI.

Continuously—**"Round Robin" Hospital Lectures.** UCI and American Medicorp at Garden Park Hospital, Anaheim; Hartland Hospital, Baldwin Park; Imperial Hospital, Hawthorne; La Mirada Hospital, La Mirada; San Gabriel Valley Hospital, San Gabriel; Stanton Community Hospital, Stanton; Studebaker Community Hospital, Norwalk; West Anaheim Community Hospital, Anaheim; Westminster Community Hospital, Westminster. Contact: UCI.

Continuously—**Hospital Lecture Program.** UCI at Mission Community Hospital, Mission Viejo; Huntington Intercommunity Hospital, Huntington Beach; Fairview State Hospital, Costa Mesa; Metropolitan State Hospital, Norwalk; South Coast Community Hospital, Laguna Beach. Contact: UCI.

Continuously—**Lecture Program.** Riverside-San Bernardino Chapter, American Academy of Family Physicians and UCI at Ram's Horn Inn, San Bernardino. 3rd Thursday of each month. 7:30 p.m. Contact: UCI.

Continuously—**Professional Education Program.** Porterville State Hospital. Contact: Frank McCarry, MD, P.O. Box 2000, Porterville. (209) 784-2000.

Continuously—**Round Tables with Pacific Medical Center.** PMC and Sonoma Valley Hospital at Sonoma Valley Hospital, Sonoma. Second Monday of each month in Dining Room of the hospital, 8:00-10:00 p.m. $100 per series, $15 per session. Contact: William J. Newman, MD, P.O. Box B, Sonoma 95476. (707) 996-3621.

Continuously—**Basic Science Lecture Series.** UCSD. Mondays, 4:00 p.m., third floor conference room, University Hospital of San Diego County, San Diego. Contact: UCSD.

Continuously—**Audio-Digest Foundation.** A non-profit subsidiary of CMA. Twice-a-month tape recorded summaries of leading national meetings and surveys of current literature. Services by subscription in: General Practice, Surgery, Internal Medicine, Ob/Gyn, Pediatrics, Psychiatry, Anesthesiology, Ophthalmology, Otorhinolaryngology. Catalog of lectures and panel discussions in all areas of medical practice also available. $75 per year. Contact: Mr. Claron L. Oakley, Editor, Suite 700, 1930 Wilshire Blvd., Los Angeles 90057. (213) 483-3451.

Continuously—**Medical Media Network.** Programs and study guides produced in association with faculties of major medical schools and centers throughout California. MMN administered by University Extension, UCLA. Subscriptions for all California hospitals, rental or purchase, 16 mm, super 8 mm, one-inch videotape. Provides physicians throughout the state with current educational programs in local hospitals. Consult the nearest MMN Hospital regarding time and date for viewing. Contact: Mr. David E. Caldwell, Exec. Dir., MMN, 10995 Le Conte Ave., Los Angeles 90024. (213) 825-1791.

Continuously—**Stanford Speaker's Bureau for Environmental Topics.** Stanford University Committee for Environmental Information. Provides on request speakers and programs on environmental topics. Air pollution, water pollution and water conservation issues, radiation hazards and radiation technology, pesticides and their ecological problems, medicine's responsibilities in the environmental-ecology crisis and others. Contact: STAN.

Continuously—**Stanford-Mills Memorial Hospital Continuing Education Program.** STAN at Mills Memorial Hospital, San Mateo. Tuesday-Friday weekly. Basic Science for the Clinician, Grand Rounds, Intensive Care. Contact: STAN.

DIRECTORY

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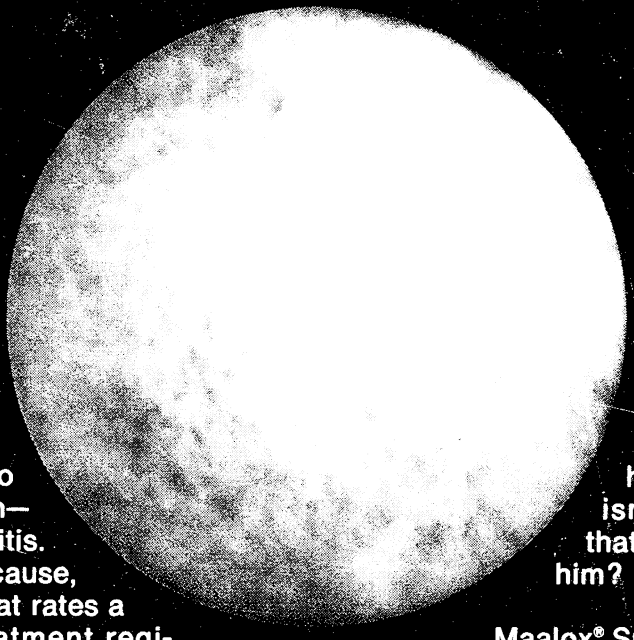

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